

Loral Defense Systems - Eagan
Bill Polta (S1A06)
P.O. Box 64525
Saint Paul, MN 55164-0525

RECEIVED

JUN 30 1995

U. S. EPA, REGION V
SWB - PMS

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division
United States Environmental Protection Agency, Region 5
77 West Jackson Boulevard
Chicago, IL 60604-3590

June 23, 1995

Dear Sharon Kiddon:

Loral purchased the following two facilities on May 5, 1995. Please keep the same EPA Identification Numbers for both facilities, but change the names. EPA Notification of Regulated Waste Activity forms are enclosed for each facility.

New Name:	Loral Defense Systems-Eagan	Loral Defense Systems-Eagan
EPA ID No.:	MND000823922	MND000823914
Facility Address:	2751 Shepard Road Saint Paul, Mn 55116	3333 Pilot Knob Road Eagan, MN 55121

Mailing Address For Both: Bill Polta (S1A06)
Loral Defense Systems - Eagan
P.O. Box 64525
St. Paul, Mn 55164-0525

Please call me at (612) 696-4656 if there are any questions. My fax number is (612) 696-4425.

Thank you,



William M. Polta
Environmental Engineer



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

May 11, 1994

UNISYS CORPORATION
ATTN WILLIAM M POLTA
PO BOX 64525
ST PAUL MN 55164

RECEIVED
WMD RECORD CENTER

MAY 13 1994

RE: US EPA ID Number MND 000 823 914

Location: 3333 PILOT KNOB RD

EAGAN MN 55164

In response to your correspondence of JANUARY 10, 1994, the following
information has been updated:

NAME OF INSTALLATION UNISYS GOVERNMENT SYSTEMS CORP

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

August 12, 1994

REPLY TO THE ATTENTION OF:

UNISYS CORP
ATTN: MARK WILSON
PO BOX 64525
ST PAUL MN 55164

RECEIVED
WMD RECORD CENTER

AUG 17 1994

RE: US EPA ID Number MND 000 823 914
Location: 3333 PILOT KNOB RD
EAGAN MN 55121

In response to your correspondence of 12-20-93, the following
information has been updated:

NAME OF INSTALLATION
ADDITION OF WASTE CODES

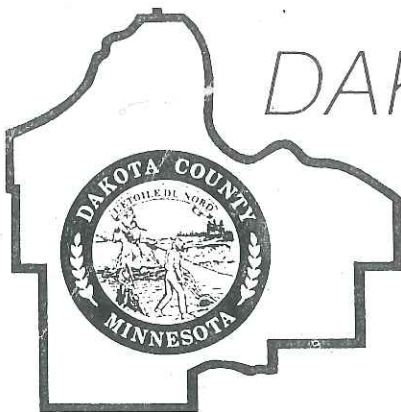
UNISYS CORP
D002 D007 F002

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File



DAKOTA COUNTY

PUBLIC HEALTH DEPARTMENT
COMMUNITY SERVICES DIVISION

DONNA M. ANDERSON
PUBLIC HEALTH DIRECTOR

(612) 450-2614

Public Health Nursing
Services

Environmental Health
Services

Emergency Medical
Services

REPLY TO:

☐ Northern Service Center
33 East Wentworth Avenue
West St. Paul, MN 55118
(612) 450-2614
Fax (612) 450-2948

☐ Western Service Center
14955 Galaxie Avenue West
Apple Valley, MN 55124
(612) 891-7500
Fax (612) 891-7473

APR 02 1992

RECEIVED

DEC 23 1991

U. S. EPA, REGION V
SWB - PMS

DATE: December 19, 1991

Ms. Sharon Kiddon
USEPA-Region V
RCRA Activities
P.O. Box A-3587
Chicago, IL 60690

RE: INSTALLATION: Unisys

EPA ID #: MND 000 823 914

As a result of a site visit at subject installation, we have determined that the following information should be updated:

Name Change: From: Unisys
To: Paramax Systems Corporation

Keep Same ID number

Sincerely,

Bill Freischel
Hazardous Waste Inspector

I concur with the changes outlined above. They reflect our current status.

Maile E. Wilson
Signature

MANAGER
Name, Title

PARAMAX SYSTEMS CORP.
Company Name

12/19/91
Date Signed

HWM:KIDDON



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

APR 01 1992

PARAMAX SYSTEMS CORPORATION
ATTN MARK WILSON
PO BOX 64525
ST PAUL MN 55164-0525

RE: US EPA ID Number MND 000 823 914
Location: 3333 PILOT KNOB RD
EAGAN MN 55121

In response to your correspondence of DEC 23 1992, the following
information has been updated:

Name of Installation to	PARAMAX SYSTEMS CORPORATION
Installation mailing address to	PO BOX 64525
Installation contact to	MARK WILSON
	612-696-4717
Installation legal owner	UNISYS CORPORATION
Addition of waste code	D008 D009 F003 F005

If you have any questions, please call me at (312) 886-6173.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Kiddon".

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

FEB 22 1982

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

Mr. Roger J. Martin
Environmental Manager
Sperry Univac DSD
Box 3525 Mail Station UIN14
St. Paul, Minnesota 55165
RE: Interim Status Acknowledgement
FACILITY NAME: Sperry Univac DSD

USEPA ID No. MND000823914

Dear Mr. Martin:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

KPS
2/19

DJB
2/19

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

MAY 28 1996

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒
B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

MND000823914

II. Name of Installation (Include company and specific site name)

Lockheed Martin Tactical Def

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3333 Pilot Knob Road

Street (Continued)

City or Town

Eagan

State

Zip Code

MN

55121-

County Code

County Name

037

Dakota

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO Box 64525 (41P14)

City or Town

St Paul

State

Zip Code

MN

55164-0525

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

Wilson

(First)

Mark

Job Title

EH&S Manager

Phone Number (Area Code and Number)

612-456-4717

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other
☐
☒
☐

B. Street or P.O. Box

PO Box 64525 (41P14)

City or Town

St Paul

State

Zip Code

MN

55164-0525

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

Lockheed Martin

Street, P.O. Box, or Route Number

600 Third Avenue

City or Town

New York

State

Zip Code

NY

10016-2069

Phone Number (Area Code and Number)

714-760-2751

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

(Date Changed)
Month Day Year

04 22 96

RCRIS ENTRY JUN 11 1996

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☒ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
☐ 4. Hazardous Waste Fuel
a. Generator Marketing to Burner
b. Other Marketers
c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒ D009 D008 D007 D006

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F005	2 F003	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1 MNO3	2 MNO2	3 NA	4	5	6
-----------	-----------	---------	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

EH&S Manager, MARK Wilson

Date Signed

5/21/96

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Print or type with ELITE type (12 characters per inch) in the unshaded areas only

Read the instructions before filling out this form. The information requested here is required by law (Section 10101 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

JUL 31 1995

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number
M N D 0 0 0 8 2 3 9 1 4

II. Name of Installation (Include company and specific site name)

L O R A L D E F E N S E S Y S T E M S - E A G A N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street
3 3 3 3 P I L C T K N O B R O A D

Street (Continued)

City or Town
E A G A N

State
M N

Zip Code
5 5 1 2 1 -

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
P O B O X 6 4 5 2 5 (S I A O 6)

City or Town
S T P A U L

State
M N

Zip Code
5 5 1 6 4 - 0 5 2 5

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)
P O L T A

First
B I L L

Job Title
E N V E N G I N E E R

Phone Number (Area Code and Number)
6 1 2 - 6 9 6 - 4 6 5 6

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing Other
☐ ☒ ☐

B. Street or P.O. Box
P O B O X 6 4 5 2 5 (S I A O 6)

City or Town
S T P A U L

State
M N

Zip Code
5 5 1 6 4 - 0 5 2 5

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
L O R A L C O R P O R A T I O N

Street, P.O. Box, or Route Number
6 0 0 T H I R D A V E N U E

City or Town
N E W Y O R K

State
N Y

Zip Code
1 0 0 1 6 - 2 0 6 9

Phone Number (Area Code and Number)
7 1 4 - 7 6 0 - 2 7 5 1

B. Land Type
P

C. Owner Type
P

D. Change of Owner Indicator
Yes ☒ No ☐

(Date Changed)
Month Day Year
0 5 0 5 9 5

Continued on Reverse

RECEIVED
WMMD RECORD CENTER
NOV 29 1995



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

40 - For Official Use Only											

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)

☐ a. Greater than 1000 kg/mo (2,200 lbs.)

☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)

☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

☒ a. For own waste only

☐ b. For commercial purposes

Mode of Transportation

☐ 1. Air

☐ 2. Rail

☒ 3. Highway

☐ 4. Water

☐ 5. Other - specify _____

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity - see instructions

☐ a. Hazardous Waste Fuel

☐ b. Generator Marketing to Burner

☐ c. Other Marketers

☐ d. Boiler and/or Industrial Furnace

☐ 1. Smelter/Refiner

☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

☐ 1. Utility Boiler

☐ 2. Industrial Boiler

☐ 3. Industrial Furnace

☐ 4. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

☐ a. Utility Boiler

☐ b. Industrial Boiler

☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

☐ a. Transporter

☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

☐ a. Process

☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the toxicity characteristic container(s))

☒ D009 ☒ D008 ☒ D007 ☒ D006

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F005	F003	N A	N A	N A	N A
N A	N A	N A	N A	N A	N A

C. Other Wastes. (State or other wastes requiring a handler to have an LD number; See instructions.)

1	2	3	4	5	6
MNO3	MNO2	N A	N A	N A	N A

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Mark E. Vidman</i>	Name and Official Title (Type or print) MANAGER, ENV. SAFETY, HEALTH	Date Signed 6/25/95
------------------------------------	---	------------------------

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

LORAL

Fax Transmittal Leadsheet

Date		Organization no.	
7-31-95		2613	
Number of pages including leadsheet		Number ALL Pages!	
3			
To	Fax number (indicate if Net2 number)		
Marilyn McKay	297-8676		
Company	City and State		
MPCA	St Paul MN		
Telephone (or Net2) number	Mail stop		
297-8338			
From	Telephone (or Net2) number	Mail stop	
Bill Polk	696-4656	51406	
<input type="radio"/> Sensitive <input type="radio"/> Urgent - notify upon arrival <input checked="" type="radio"/> Normal handling			
St. Paul, Minnesota Fax numbers			
1st Floor - Unisys Park (612) 456-3098 or (612) 456-2458	2nd Floor - Unisys Park (612) 456-2029	Shepard Road (612) 696-4425	Other
Fax Operator (612) 456-2471	Fax Operator (612) 456-2026	Fax Operator (612) 696-4588	

Comments

Here is the EPA form that Dakota County apparently didn't pass on to you.

Thank you
Bis file



Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

JUN 30 1995

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

M N D O O O 8 2 3 9 1 4

II. Name of Installation (Include company and specific site name)

L O R A L D E F E N S E S Y S T E M S - E A G A N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 3 3 3 P I L U T K N O B R O A D

Street (Continued)

City or Town

E A G A N

State

M N

Zip Code

5 5 1 2 1 -

County Code

0 3 7

County Name

D A K O T A

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 6 4 5 2 5 (S I A O 6)

City or Town

S T P A U L

State

M N

Zip Code

5 5 1 6 4 - 0 5 2 5

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

P O L T A

(First)

B I L L

Job Title

E N V E N G I N E E R

Phone Number (Area Code and Number)

6 1 2 - 6 9 6 - 4 6 5 6

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other☐ ☒ ☐

B. Street or P.O. Box

P O B O X 6 4 5 2 5 (S I A O 6)

City or Town

S T P A U L

State

M N

Zip Code

5 5 1 6 4 - 0 5 2 5

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

L O R A L C O R P O R A T I O N

Street, P.O. Box, or Route Number

6 0 0 T H I R D A V E N U E

City or Town

N E W Y O R K

State

N Y

Zip Code

1 0 0 1 6 - 2 0 6 9

Phone Number (Area Code and Number)

7 1 4 - 7 6 0 - 2 7 5 1

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

(Date Changed)

Month

Day

Year

0 5 0 5 9 5

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☒ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☒ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒ D 0 0 9 D 0 0 8 D 0 0 7 D 0 0 6

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 5	F 0 0 3				
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
M N O 3	M N O 2				

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Mark E. Wilson

Name and Official Title (Type or print)

MANAGER, ENV. SAFETY, HEALTH

Date Signed

6/25/95

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

DEC 20 1993

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒
B. Subsequent Notification
(complete Item C)

C. Installation's EPA ID Number

MND0000823914

II. Name of Installation (Include company and specific site name)

UNISYS CORPORATION

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3333 Pilot Knob Road

Street (continued)

City or Town

Eagan

State

ZIP Code

MN 55121-

County Code

County Name

037 Dakota

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. Box 64525

City or Town

St. Paul

State

ZIP Code

MN 55164-0525

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

Wilson

Mark

Job Title

Phone Number (area code and number)

Env. Mgr.

612-696-4717

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

UNISYS CORP

Street, P.O. Box, or Route Number

Same

City or Town

State

ZIP Code

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator(Date Changed)
Month Day Year

612-696-4717

P

P

Yes

No

X

AUG 11 1994

ID - For Official Use Only											

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1. Generator (See Instructions) a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify: 		<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) Type of Combustion Device: <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	
		<input type="checkbox"/> d. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) Type of Combustion Device: <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification	

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0007	0009	0008	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F001	2 F005	3 F002	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1 MN02	2 MN03	3	4	5	6
-----------	-----------	---	---	---	---

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Mark E. Wilson</i>	Name and Official Title (type or print) <i>MARK WILSON</i> MANAGER, ENVIRONMENTAL	Date Signed 12/13/93
------------------------------------	--	-------------------------

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section I of the booklet for addresses.)



DAKOTA COUNTY

PUBLIC HEALTH DEPARTMENT
COMMUNITY SERVICES DIVISION

RECEIVED

DONNA M. ANDERSON
PUBLIC HEALTH DIRECTOR
(612) 450-2614

DEC 20 1993

U. S. EPA, REGION V
SWB - PMS

Public Health Nursing
Services

Environmental Health
Services

Emergency Medical
Services

REPLY TO

☒ Northern Service Center
33 East Wentworth Avenue
West St. Paul, MN 55118
(612) 450-2614
Fax (612) 450-2948

☐ Western Service Center
14955 Galaxie Avenue West
Apple Valley, MN 55124
(612) 891-7500
Fax (612) 891-7473

DATE: December 13, 1993

Ms. Sharon Kiddon
USEPA-Region V
RCRA Activities
P.O. Box A-3587
Chicago, IL 60690

RE: INSTALLATION: Paramax Corp

EPA ID #: MND 000 823 914

As a result of a site visit at subject installation, we have determined that the following information should be updated:

Name Change: From: Paramax Corp.
To: Unisys Corporation

Keep same ID number

Sincerely,

William Feischel
Hazardous Waste Inspector

I concur with the changes outlined above. They reflect our current status.

Mark E. Wilson
Signature

MARK WILSON, MANAGER ESH
Name, Title SITE SERVICES

UNISYS CORP
Company Name

12/13/93
Date Signed

HWM:KIDDON

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

DEC 23 1991

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)☐

A. First Notification

☒B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

M N D 0 0 0 8 2 3 9 1 4

II. Name of Installation (Include company and specific site name)

P A R A M A X S Y S T E M S C O R P O R A T I O N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 3 3 3 P I L O T K N O B R D

Street (continued)

City or Town

E A G A N

State

M N

ZIP Code

5 5 1 2 1 -

County Code

County Name

D A K O T A

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 6 4 5 2 5

City or Town

S T P A U L

State

M N

ZIP Code

5 5 1 6 4 - 0 5 2 5

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

W I L S O N

(first)

M A R K

Job Title

E N V I R M A N A G E S

Phone Number (area code and number)

6 1 2 - 6 9 6 - 4 7 1 7

VI. Installation Contact Address (See Instructions)A. Contact Address
Location Mailing☐☒

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

U N I S Y S C O R P O R A T I O N

Street, P.O. Box, or Route Number

O N E U N I S Y S P L A C E

City or Town

D E T R O I T

State

M I

ZIP Code

4 8 2 3 2 -

Phone Number (area code and number)

3 1 3 - 9 7 2 - 7 0 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

X

(Date Changed)
Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
- ☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (D000) ☒
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
- D 0 0 8 D 0 0 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 F 0 0 3	3 F 0 0 5	4 F 0 0 6	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1 M N 0 3	2	3	4	5	6
--------------	---	---	---	---	---

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Robert Faust, Vice President Oper.

Date Signed

12/9/91

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).



Notification of Hazardous Waste Activity

For Official Use Only

[illegible]

Installation's EPA ID Number										Approved	Date Received (yr. mo. day)			COPY
C									T/A	C				
F										1				

I. Name of Installation

[illegible]

II. Installation Mailing Address

c		Street or P.O. Box																				State		ZIP Code				
3		P	O		B	O	X		6	4	5	2	5		M	S		U	1	N	1	4						
c		City or Town																				State		ZIP Code				
4		S	t		P	A	U	L																				
		M N																				5	5	1	6	4		

III. Location of Installation

[illegible]

IV. Installation Contact

Name and Title (last, first, and job title)													Phone Number (area code and number)											
C																								
2	W	i	i	s	o	n	.	M	a	r	k	E	n	g	6	1	2	4	5	6	4	2	2	0

V. Ownership

[illegible]

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity	B. Used Oil Fuel Activities
<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 1b. Less than 1,000 kg/mo. <input checked="" type="checkbox"/> 2. Transporter <input checked="" type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel <i>(enter "X" and mark appropriate boxes below)</i> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner	<div style="text-align: right; font-weight: bold; font-size: 1.2em;"> APR 15 1987 SWD - AIS U.S. EPA REGION V </div> <input type="checkbox"/> 6. Off-Specification Used Oil Fuel <i>(enter "X" and mark appropriate boxes below)</i> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer <i>(for On Site Burner)</i> Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate boxes)

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____ ORIGINAL TO MINNESOTA

IX. First or Subsequent Notification

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

<input type="checkbox"/> A. First Notification		<input type="checkbox"/> B. Subsequent Notification (see also Item C)		C. Installation's EPA ID Number M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 10 11 12											
				M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 10 11 12											

ID — For Official Use Only											
C										T/A	C
W											1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)


☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature  Roger J. Martin	Name and Official Title (type or print) Manager, Environmental Management	Date Signed 4/3/87
--	--	-----------------------

P.A.F.



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MND000823914

REACKNOWLEDGEMENT

SPERRY UNIVAC CORP DEFENSE SYSTEMS DIV
BOX 3525 MAIL STATION D1N14
ST PAUL MN 55165

INSTALLATION ADDRESS

3333 PILOT KNOB ROAD
EAGAN MN 55122

08/13/81

I.D. - FOR OFFICIAL USE ONLY

5	W	M	N	D	0	0	0	8	2	3	9	1	4	2	1
1	2											13	14	15	

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 6 23 - 26	4 F 0 0 9 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 3 0 23 - 26	32 U 0 0 2 23 - 26	33 U 0 8 0 23 - 26	34 U 1 1 2 23 - 26	35 U 1 5 1 23 - 26	36 U 1 5 4 23 - 26
37 U 1 5 9 23 - 26	38 U 2 2 0 23 - 26	39 U 2 2 6 23 - 26	40 U 2 2 8 23 - 26	41 U 2 2 9 23 - 26	42 U 2 3 9 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)☒ 1. IGNITABLE
(D001)☒ 2. CORROSIVE
(D002)☐ 3. REACTIVE
(D003)☒ 4. TOXIC
(D000)**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



E.T. Michaud, Director, General Services

8/14/80

EPA Form 8700-12 (6-80) REVERSE

UNISYS

December 15, 1994

Sharon Kiddon
RCRA Notifications Coordinator
United States Environmental Protection Agency, Region 5
77 West Jackson Boulevard
Chicago, IL 60604-3590

RECEIVED

DEC 20 1994

RECEIVED

DEC 19 1994

FEB 16 1995

S. EPA, REGION V
SWB - PMSOFFICE OF RCRA
WASTE MANAGEMENT DIVISION
EPA, REGION V

Dear Sharon Kiddon,

This is to inform you that our facility identified below has changed its generator classification to that of a **Small Quantity Generator**. It was previously classed as a Large Quantity Generator. Approval was granted by our local regulating authority on December 12, 1994.

Facility Name: Unisys Corporation
Street Address: 3333 Pilot Knob Road
Eagan, MN 55121
EPA ID No.: MND000823914
Mailing Address: Bill Polta (S1A06)
Unisys Corporation
P.O. Box 64525
St. Paul, MN 55164-0525

C-2B

A copy of the letter from our regulating authority, Dakota County Environmental Management, is enclosed. Please call me at (612) 696-4656 if you have any questions.

Sincerely,



William M. Polta
Environmental Engineer
Unisys Corporation

UNISYS

JAN 13 1994

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division
United States Environmental Protection Agency, Region 5
77 West Jackson Boulevard
Chicago, IL 60604-3590

January 10, 1994

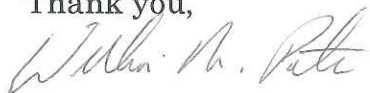
Dear Sharon Kiddon:

This is a request to change our company name to Unisys Corporation from Paramax Systems Corporation. (This facility's name may have been changed to Unisys Government Systems Corporation previously.) Company ownership has not changed and our address remains the same.

Facility name: Unisys Corporation
EPA ID No.: MND000823914
Facility Address: 3333 Pilot Knob Road
Eagan, Mn 55121
Mailing Address: Bill Polta (S1A06)
Unisys Corporation
P.O. Box 64525
St. Paul, Mn 55164-0525

A separate request to change the name of our facility in St. Paul is also enclosed. If there are any questions, please call me at (612) 696-4656. My fax number is (612) 696-4425.

Thank you,



William M. Polta
Environmental Engineer
Unisys Corporation

Change

100-1212

UNIVAC PARK, P.O. BOX 3525
ST. PAUL, MINNESOTA 55165
TELEPHONE (612) 456-2222

January 28, 1983

Mr. Thomas B. Golz
RCRA Activities
Attn: Financial Requirements
P.O. Box A3587
Chicago, IL 60690

Attn: SHW

Re: Sperry Univac DSD IN PART A
EPA ID No. MND000823914 PA/G, TSD, PAS I

Dear Mr. Golz:

The Sperry Univac facility at 3333 Pilot Knob Road located in Eagan, Minnesota is a division of the Sperry Corporation, 1290 Avenue of the Americas, New York. The original identification number assigned for the referenced facility by the Environmental Protection Agency as shown on the enclosed copy of EPA Form 8700-12 (6-80) was (MND078669710. Also enclosed is a copy of EPA Form 8700-12A (4-80) showing the acknowledgement of this same facility but with the new identification number MND000823914, as reassigned by EPA. In your letter, dated January 19, 1983, you are showing the EPA ID number as MND000824914. We are using the MND000823914 number on our manifests and other documents in reference to this facility.

Our Vice Chairman and Chief Financial Officer for Sperry Corporation submitted a letter to the Environmental Protection Agency on July 6, 1982 (copy enclosed) showing that the corporation demonstrated financial responsibility for liability coverage and closure/post closure care as specified in Subpart H of 40 CFR Parts 264 and 265.

You will note that the referenced facility is included on the list of facilities covered by the corporation, however, it is listed with the originally assigned identification number.

Therefore, in response to your certified letter dated January 19, 1983, we submit that we have complied with this requirement.

We have another facility, located in St. Paul that has a new number reassigned by EPA. This facility is located at 2751 Shepard Road in St. Paul, MN. The original EPA ID number for that facility was MND078669280. The new number is MND000823922. This facility is also included on the letter from our financial officer under the original number.

RECEIVED

Mr. Thomas B. Golz
January 28, 1983
Page 2

If you have any questions, my phone number is 612-456-4654.

Sincerely,

SPERRY UNIVAC

A handwritten signature in cursive script, appearing to read "Roger J. Martin". The signature is written in dark ink and is positioned over the typed name.

Roger J. Martin
Manager
Environmental Management

cc: Minnesota Pollution Control Agency, G. Meyer
E. T. Michaud
R. E. Falstad

/lmk

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		D. NUMBER FMND000823914	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
III. FACILITY NAME				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS			
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS		MARK 'X'	
		YES	NO
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X

III. NAME OF FACILITY	
1	SKIP SPERRY UNIVAC DSD UNIVAC PARK

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	
2	MARTIN ROGER J ENV MANAGER
B. PHONE (area code & no.)	
6	1 2 4 5 6 4 6 5 4

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
3	P.O. BOX 3525 MS U1N14
B. CITY OR TOWN	
4	ST PAUL
C. STATE	
M	N
D. ZIP CODE	
5	5 5 1 6 5

VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5	3333 PILOT KNOB ROAD
B. COUNTY NAME	
DAKOTA	
C. CITY OR TOWN	
6	EAGAN
D. STATE	
M	N
E. ZIP CODE	
5	5 5 1 2 1
F. COUNTY CODE (if known)	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND																					
C	7	3	5	7	3	(specify)						C	7					(specify)													
15	16				19	Electronic Computing Equipment										15	16				19										
C. THIRD										D. FOURTH																					
C	7					(specify)						C	7					(specify)													
15	16				19											15	16				19										

VIII. OPERATOR INFORMATION

A. NAME																																								B. Is the name listed in Item VIII-A also the owner?															
C	8	S	P	E	R	R	Y	U	N	I	V	A	C																												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66														
15	16																																							55															
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																									
F = FEDERAL										M = PUBLIC (other than federal or state)										P (specify)										C	A	6	1	2	4	5	6	2	2	2	2														
S = STATE										O = OTHER (specify)																				15	16				18	19				21	22				25										
E. STREET OR P.O. BOX																																																							
3 3 3 3 P I L O T K N O B R O A D																																																							
26																															55																								
F. CITY OR TOWN																				G. STATE										H. ZIP CODE										IX. INDIAN LAND															
C	B	E	A	G	A	N														M	N	5	5	1	6	5	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52																												
15	16																																							40	41	42	47		51										

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																
C	T	I	9	N											C	T	I	9	P												
15	16	17	18												30	15	16	17	18										30		
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																
C	T	I	9	U											C	T	I	9		1	1	0	4	-	7	6	-	0	-	2	(specify)
15	16	17	18											30	15	16	17	18										30	MPCA Air Emission		
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																
C	T	I	9	R											C	T	I	9												(specify)	
15	16	17	18										30	15	16	17	18										30				

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacturing of electronic data processing systems and equipment

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																				B. SIGNATURE										C. DATE SIGNED									
K. B. Osswald																														11/11/80									
K. B. Osswald, Vice President, Mfrg.																																							

COMMENTS FOR OFFICIAL USE ONLY

C																														
C																														
15	16																													55

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 character width).

98

Form Approved OMB No. 158-S80004

FORM 3 RCRA	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I.D. NUMBER F M N D 000823914	T/A C 1
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FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)
71	71
C 8	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)
YR. 74	MO. 10
DAY 01	FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN
73 74 75 76 77 78	YR. MO. DAY
	73 74 75 76 77 78

B. REVISED APPLICATION (place an "X" below and complete Item I above)

<input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
72	72

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. **PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. **PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. **AMOUNT** - Enter the amount.

2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C	DUP	T/A C	1			
1 2	13 14 15						
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
		2. UNIT OF MEASURE (enter code)				2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	600	G	7			
2	T 0 1	43,200	U	8			
3				9			
4				10			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE, INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

MND NUMBER (enter from page 1) MND 00 0829914										FOR OFFICIAL USE ONLY									
MND 078669710										<div style="display: flex; justify-content: space-between;"> <div>W</div> <div>DUP</div> <div>T/A C 2 DUP</div> </div>									
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26										1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES											
				1. PROCESS CODES (enter)											
				27	28	29	27	28	29	27	28	29	27	28	29
1	U 2 2 9	1,200	P	S	0	1									
2	F 0 0 1														included with above
3	F 0 0 2														included with above
4	U 2 2 6	1,200	P	S	0	1									
5	F 0 0 1														included with above
6	F 0 0 2														included with above
7	U 1 5 9	525	P	S	0	1									
8	U 1 5 4	2,200	P	S	0	1									
9	D 0 0 1														included with above
10	U 0 0 2	4,000	P	S	0	1									
11	U 2 3 9	420	P	S	0	1									
12	U 2 2 8	840	P	S	0	1									
13	F 0 0 1														included with above
14	F 0 0 2														included with above
15	D 0 0 2	27,000	P	S	0	1									
16	D 0 0 7														included with above
17	P 0 3 0	500	P	S	0	1									
18	D 0 0 2	1,000	P	S	0	1									
19	F 0 0 6	8,200	P	S	0	1									
20	D 0 0 8														included with above
21	D 0 0 1	500	P	S	0	1									
22															
23															
24															
25															
26															

74

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	M	N	D	O	0	0	8	2	3	9	1	4	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	4	5	0	0	0	6
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

9	3	1	0		5
72	73	74	75	76	77

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

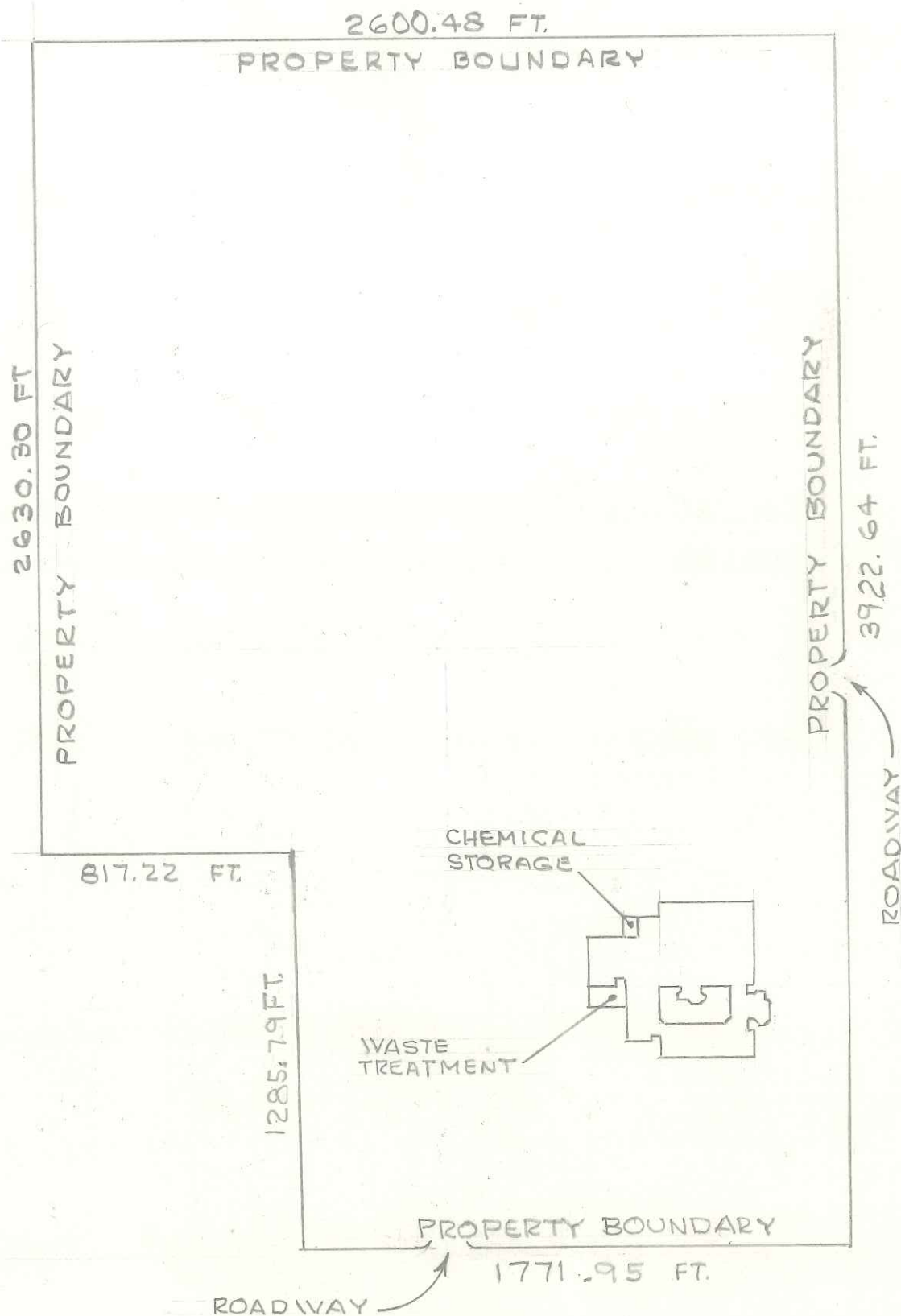
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

K. B. Osswald, Vice President, Mfrg.

V. FACILITY DRAWING (see page 4)



SCALE: 1 INCH = 500 FEET

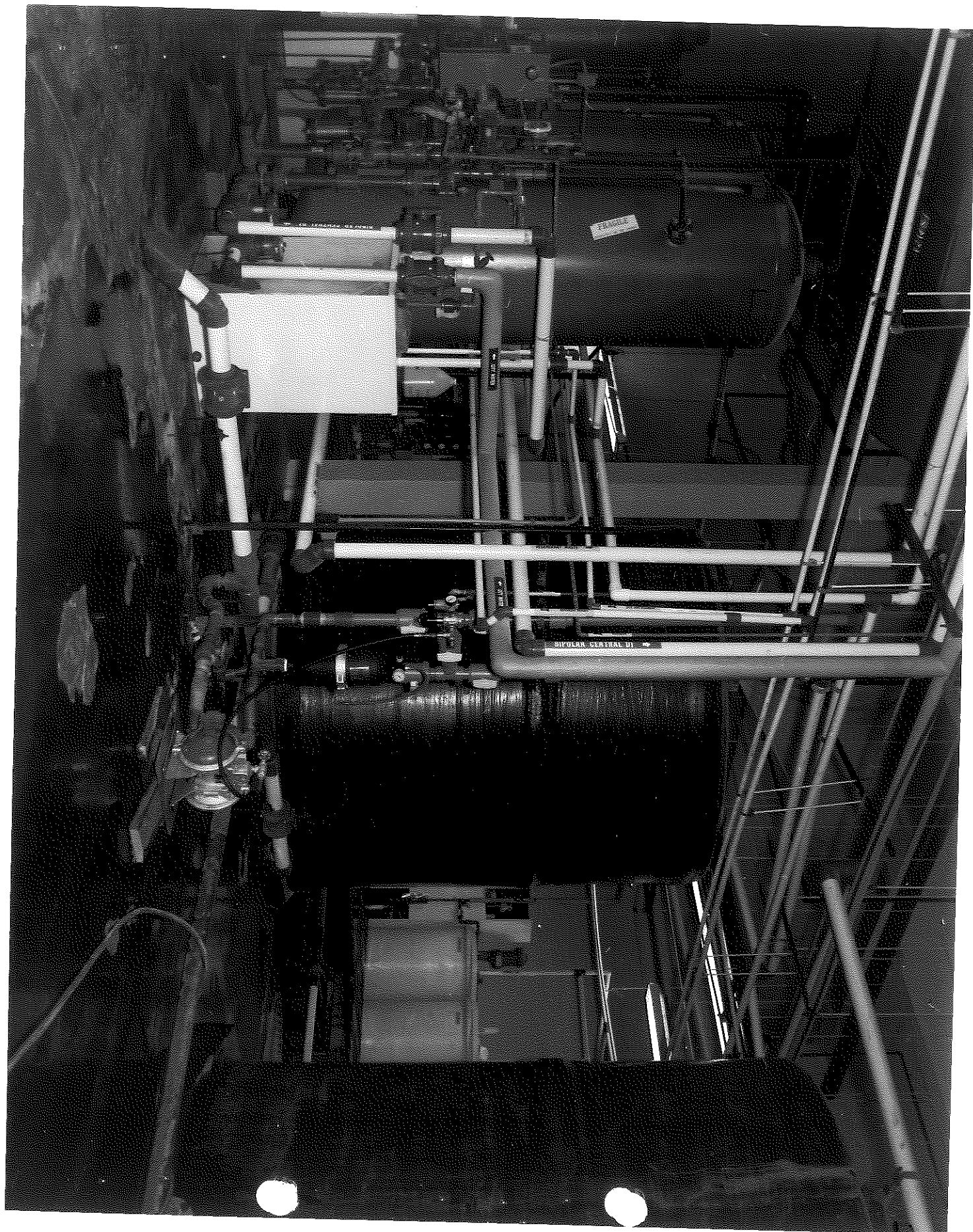








8b

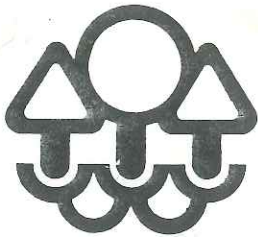








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Minnesota Pollution Control Agency

520 Lafayette Road, Saint Paul, Minnesota 55155

Telephone (612) 296-6300



RECEIVED
JUN 1 1990
OFFICE OF RCRA
WASTE MANAGEMENT DIVISION
EPA REGION V

May 30, 1990

Mr. Greg Weisjahn
Environmental Management
Unisys Corporation
P.O. Box 64525
St. Paul, Minnesota 55164-0525

Dear Mr. Weisjahn:

RE: Unisys Corporation - Eagan, Park Facility
Closure and Corrective Action
MND000823914

The Minnesota Pollution Control Agency (MPCA) staff have reviewed your April 9, 1990, letter explaining that Unisys wishes to close (change in status to large quantity generator) the hazardous waste storage facility located at 3333 Pilot Knob Road, Eagan, Minnesota. It is understood that the closure process is scheduled to begin May 24, 1990, which fulfills the forty-five (45) day notification of closure requirement to the MPCA, and end on June 30, 1990. As you are aware, closure is to be conducted in accordance with your existing closure plan contained in the October 2, 1985, hazardous waste facility permit, as well as Minn. Rules pts. 7045.0486 and 7045.0488 (1989). However, there are a number of issues that must be addressed regarding potential corrective action.

As part of the Unisys ongoing environmental site assessment, MPCA staff received the February 1990 ground water monitoring results, which were submitted on April 10, 1990. It is assumed that Unisys is conducting ground water monitoring pursuant to a modified workplan in comparison to the workplan submitted to the MPCA Superfund Property Transfer staff on January 19, 1989. The January 19, 1989, workplan proposed quarterly sampling of MW-4 to analyze total and hexavalent chromium for four quarters as well as sampling and analysis of MW-1 for the same compounds on an annual basis. The February 1990 sampling results do not follow the workplan schedule. Please inform Byron Adams or Dan Card of my staff of the current ground water sampling schedule for the Unisys - Eagan Facility. Is it a modified plan with a different purpose than previously specified in the January 19, 1989, plan?

Mr. Greg Weisjahn

Page 2

As you know, Minn. Rules pt. 7045.0485 and the Hazardous and Solid Waste Amendments (HSWA) § 3004(u) require that the owner or operator of a hazardous waste facility must institute corrective action for releases of hazardous waste or constituents from any Solid Waste Management Unit (SWMU) at the facility. Since your facility will not be seeking to reissue the storage permit, any future corrective action determined to be necessary by the MPCA may require Unisys to enter into an agreement that provides for corrective action.

Regarding potential corrective action, the wastewater treatment system at the Unisys - Eagan Facility is exempt from the Resource Conservation and Recovery Act (RCRA) permitting requirements. However, this system is classified as a SWMU. Based on our records, MW-4 continues to show chromium metal contamination at the following concentrations: June 1988 (59 ppb); July 1988 (92 ppb); August 1988 (64 ppb, 60 ppb for hexavalent Cr); and February 1990 (57 ppb). In addition, MW-4 shows slightly elevated specific conductivity and lower pH relative to the other ground water monitoring wells sampled by a factor of 0.5 to 1.0 pH units. Therefore, due to the continued detection of chromium in the ground water, further investigation is warranted to characterize the source(s), thoroughly evaluate the extent of chromium contamination, and determine the need for a corrective measures study. One component of the wastewater treatment system (SWMU) is the plating pit area sump. According to Unisys' January 19, 1989, letter, "The floor and pit were replaced with a buck and membrane liner five years ago. It is felt that this plating pit and sump are in tact and are not the source of any ongoing leakage." However, MPCA staff believe it is possible that the wastewater treatment system plating pit area sump may still be the source of chromium ground water contamination detected in MW-4. To date, we have no analytical results to confirm otherwise. Prior to the replacement of the sump, leakage of acidic chromium wastes to the underlying soils may have occurred through cracks or corroded portions of the sump. Therefore, MPCA staff request that Unisys provide more data to properly assess the detected ground water contamination. Specifically, it is requested that following items be implemented:

1. Submit historical information on the "buck and membrane liner" and previously constructed sump such as design and construction specifications, blue prints, inspection frequency, cleaning schedule, amounts and types of wastes removed from the sump.

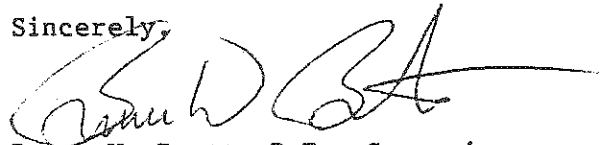
2. Prepare a Soil and Ground Water Study Workplan to specifically investigate the nature, extent, direction, rate, movement and concentration of the hazardous constituent chromium released to the ground water directly beneath the facility. MPCA staff believe that the continued detections of chromium in MW-4 do not represent the potential concentrations or extent of chromium present in the ground water beneath the facility. It is felt that the existing workplan is insufficient with respect to the investigation of the soils and ground water beneath the facility.

Lastly, a closure inspection will need to be conducted by MPCA staff once all drums stored beyond 90 days have been shipped off-site. Please notify Dan Card of my staff at least two weeks prior to completing closure so that inspection arrangements can be made.

Mr. Greg Weisjahn
Page 3

If you have any questions regarding our requests specified in this letter, or would like to schedule a meeting, please contact Dan Card at 612/642-0421 or Byron Adams at 612/642-0423. A response from Unisys will be expected within two weeks of receipt of this letter.

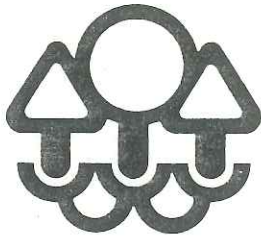
Sincerely,

A handwritten signature in black ink, appearing to read 'Bruce W. Brott', with a long horizontal flourish extending to the right.

Bruce W. Brott. P.E., Supervisor
Permit and Review Unit
Regulatory Compliance Section
Hazardous Waste Division

BWB:er

cc: Charles Slaustas, U.S. EPA, Chicago
Joel Morbito, U.S. EPA, Chicago
Roger Martin, Unisys, Eagan
Dan McDonald, Unisys, Eagan



Minnesota Pollution Control Agency

520 Lafayette Road, Saint Paul, Minnesota 55155

Telephone (612) 296-6300



MND 000823914

October 8, 1990

Mr. Dan MacDonald MS-F1B05
Unisys Corporation
3199 Pilot Knob Road
Eagan, Minnesota 55121

Dear Mr. MacDonald:

On July 12, 1990, the Minnesota Pollution Control Agency staff wrote a letter to Roger Martin, formerly the manager of Environmental Management at Unisys, requesting certain information about financial assurance for the company's hazardous waste facilities in Minnesota by August 15, 1990. A copy of that letter is enclosed. The requested information is necessary in order for Unisys to be compliance with Minn. Rules pts. 7045.0504 and 7045.0518.

I talked with you on the telephone on October 1, 1990, to confirm that the company had not yet responded.

This is a second request that Unisys provide information as specified in the July 12, 1990, letter regarding current estimates of closure costs, a special report from the independent accountants on the Letter from Chief Financial Officer, and independent accountants' opinion on the annual report to shareholders. Please provide this information to the MPCA by November 1, 1990.

If you have questions on this matter, please call me at 612/642-0420.

Sincerely,

Thomas B Townsend

Thomas B. Townsend
Permit and Review Unit
Regulatory Compliance Section
Hazardous Waste Division

TBT:mk

cc: Charles Slaustas, U.S. Environmental Protection Agency, Chicago
Joel Morbito, U.S. Environmental Protection Agency, Chicago



A MEMBER OF ARTHUR YOUNG INTERNATIONAL

ARTHUR YOUNG

277 Park Avenue
New York, New York 10172
Telephone: (212) 407-1500
Telex: TRT-177704

June 24, 1985

MND 000 123 714

The Board of Directors
Sperry Corporation

We have read the letter dated June 20, 1985 from Vincent R. McLean, chief financial officer of Sperry Corporation, submitted to the Regional Administrators of the Environmental Protection Agency in support of the use of the financial test, as specified in Subpart H of 40 CFR Parts 264 and 265, to demonstrate financial responsibility for liability coverage and closure and post-closure care of the Corporation's hazardous waste treatment, storage and disposal facilities at the locations listed in that letter.

In connection with Subpart H of 40 CFR Parts 264 and 265, we have compared the independently audited consolidated financial statements of Sperry Corporation for the year ended March 31, 1985 to the specified data in that letter indicated as being derived from such independently audited consolidated financial statements. In connection with this comparison, no matters came to our attention that caused us to believe that the specified data should be adjusted.

This report is solely to assist you in complying with the reporting requirements associated with the financial test, as specified in Subpart H of 40 CFR Parts 264 and 265, to demonstrate financial responsibility for liability coverage and closure and post-closure care, and should not be referred to or used for any other purpose.

Arthur Young & Company

SPERRY CORPORATION
1290 AVENUE OF THE AMERICAS
NEW YORK, NEW YORK 10104
TELEPHONE: (212) 484-4771

VINCENT R. McLEAN
Executive Vice President
and Chief Financial Officer

RECEIVED

JUL 2 1985

U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
OFFICE OF THE DIRECTOR

Regional Administrator
U. S. Environmental Protection Agency
Region V
230 South Dearborn Street
Chicago, Illinois 60604

Dear Sir:

I am the chief financial officer of Sperry Corporation, 1290 Avenue of the Americas, New York., N. Y. 10104. This letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverage and closure and/or post-closure care as specified in Subpart H of 40 CFR Parts 264 and 265.

The owner or operator identified above is the owner or operator of the following facilities for which liability coverage is being demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265:

<u>Business Group of Sperry Corp.</u>	<u>EPA ID No.</u>	<u>Address</u>
Aerospace & Marine	AZD009004961	21111 N. 19th St. Phoenix, AZ 85027
Info.Systems	TND003382801	Sperry Road Bristol, TN 37620
Info.Systems	<u>MND000823922</u>	2751 Shepard Road St. Paul, MN 55116
Info.Systems	<u>MND000823914</u>	3333 Pilot Knob Road Eagan, MN 55116
Defense Prod.	FLD004097184	Route 584 Oldsmar, FL 33551
Info.Systems	<u>MND079731519</u>	2276 Highcrest Road Roseville, MN 55113

*File by
1/2/86*

The owner or operator identified above owns or operates the following facilities for which financial assurance for closure or post-closure care is demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by the test are shown for each facility:

Business Group of <u>Sperry Corp.</u>	<u>EPA ID No.</u>	<u>Address</u>	<u>TSD Category</u>	<u>Closure Cost Est.</u>
Aerospace & Marine	AZD009004961	21111 N.19th St. Phoenix, AZ 85027	S	\$ 58,078
Info. Systems	TND003382801	Sperry Road Bristol, TN 37620	TS	76,712
Info. Systems	MND000823922	2751 Shepard Rd. St. Paul, MN 55116	TS	22,008
Info. Systems	MND000823914	3333 Pilot Knob Rd. Eagan, MN 55116	TS	4,099
Defense Prod.	FLD004097184	Route 584 Oldsmar, FL 33557	S	7,366
Info. Systems	MND079731519	2276 Highcrest Rd. Roseville, MN 55113	GST	16,394

In States where EPA is not administering the financial requirements of Subpart H of 40 CFR Parts 264 and 265, this owner or operator is demonstrating financial assurance for the closure or post-closure care of the following facilities through the use of a test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility:

*None have
been fed* NONE.

The owner or operator identified above owns or operates the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is not demonstrated either to EPA or a State through the financial test or any other financial assurance mechanism specified in Subpart H of 40 CFR Parts 264 and 265 or equivalent or substantially equivalent State mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility:

NONE.

This owner or operator is required to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this owner or operator ends on March 31. The figures for the following items marked with an asterisk are derived from this owner's or operator's independently audited, year-end financial statements for the latest completed fiscal year ended March 31, 1985.

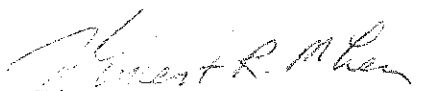
CLOSURE OR POST-CLOSURE CARE AND LIABILITY COVERAGE

(Lines 4 through 11
in millions)

1.	Sum of current closure and post-closure cost estimates (total of <u>ALL</u> cost estimates listed above)	\$	<u>184,657</u>
2.	Amount of annual aggregate liability coverage to be demonstrated	\$	<u>8,000,000</u>
3.	Sum of lines 1 and 2	\$	<u>8,184,657</u>
*4.	Total liabilities	\$	<u>2,772.3</u>
*5.	Tangible net worth	\$	<u>2,977.5</u>
*6.	Net worth	\$	<u>3,001.1</u>
*7.	Current assets	\$	<u>3,309.6</u>
*8.	Current liabilities	\$	<u>1,604.1</u>
*9.	Net working capital (line 7 minus line 8)	\$	<u>1,705.5</u>
*10.	The sum of net income plus depreciation, depletion, and amortization	\$	<u>508.9</u>
*11.	Total assets in U. S.	\$	<u>4,398.5</u>

	<u>Yes</u>	<u>No</u>
12. Is line 5 at least \$10 million?	<u>X</u>	_____
13. Is line 5 at least 6 times lines 3?	<u>X</u>	_____
14. is line 9 at least 6 times line 3?	<u>X</u>	_____
*15. Are at least 90% of assets located in the U.S.? If not, complete line 16.	_____	<u>X</u>
16. Is line 11 at least 6 times line 3?	<u>X</u>	_____
17. Is line 4 divided by line 6 less than 2.0?	<u>X</u>	_____
18. Is line 10 divided by line 4 greater than 0.1?	<u>X</u>	_____
19. Is line 7 divided by line 8 greater than 1.5?	<u>X</u>	_____

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR 264.151(g) as such regulations were constituted on the date shown immediately below.


 Vincent R. McLean
 Executive Vice President
 and Chief Financial Officer

June 20, 1985

Mr. Kow

uly 6, 1982

Distribution Sheet:

Regional Administrator
U. S. Environmental Protection Agency

Region II
26 Federal Plaza
New York, NY 10278

Region IV
345 Courtland St., N. E.
Atlanta, Georgia 30308

Region V
230 South Dearborn Street
Chicago, Illinois 60604

Region VI
1201 Elm Street
First International Building
Dallas, Texas 75270

Region VII
324 E. 11th Street
Kansas City, Missouri 64106

Region IX
215 Fremont Street
San Francisco, California 94105

kā



SPERRY CORPORATION
1290 AVENUE OF THE AMERICAS
NEW YORK, NEW YORK 10104
TELEPHONE (212) 484-4372

ALFRED J. MOCCIA
Vice Chairman of the Board
and Chief Financial Officer

Chief Financial Officer
230 to Bureau

Dear Sir:

I am the chief financial officer of Sperry Corporation, 1290 Avenue of the Americas, New York, N. Y. 10104. This letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverage and closure and/or post-closure care as specified in Subpart H of 40 CFR Parts 264 and 265.

The owner or operator identified above is the owner or operator of the following facilities for which liability coverage is being demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265:

<u>Division of Sperry Corp.</u>	<u>EPA ID No.</u>	<u>Address</u>
Flight Systems	AZD009004961	21111 N. 19th Ave. Phoenix, AZ. 85027
Univac	TND003392801	Univac Road Bristol, TN 37620
Univac	MND000823922 078669280	2751 Shepard Road St. Paul, MN.
Univac	MND078669710	3333 Pilot Knob Road Eagan, MN. 55116

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Univac	FLD004097184	Route 584 Oldsmar, Fla. 33557
Univac	MND079731519 <i>ok</i>	2276 Highcrest Road Roseville, MN 55116
*Vickers	NJD001794486	9 Fadam Road Springfield, N. J. 07031
*Vickers	MSD033359226	5353 Highland Dr. Jackson, MS. 39206
*Vickers	ILD001837517 <i>ok</i>	350 N. York Road Bensenville, IL. 60106
*Vickers	MID083430348 <i>ok</i>	32661 Edward Ave. Madison Heights, MI 48071
*Vickers	MID001722532 <i>ok</i>	1401 Crooks Road Troy, MI 48084
*Vickers	OHD004466165 <i>ok</i>	1441 S. Ellsworth Ave. Salem, Ohio 44460
*Vickers	ARD006355341	400 E. Lincoln Ave. Searcy, AR. 72143
*Vickers	OKD007227945	7217 E. Pine St. Tulsa, OK. 74115
*Vickers	NED007286198	6600 N. 72nd St. Omaha, NE. 68122
*Vickers	MOD007155781	2800 W. 10th St. Joplin, MO. 64802
*Vickers	CAT000625202	445 Maple Ave. Torrance, CA. 90503

(*wholly-owned subsidiary)

The owner or operator identified above owns or operates the following facilities for which financial assurance for closure or post-closure care is demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by the test are shown for each facility:

<u>Division of Sperry Corp.</u>	<u>EPA ID No.</u>	<u>Address</u>	<u>TSD Category</u>	<u>Closure Cost Est.</u>
Flight Sys.	AZD009004961	21111 N.19th Ave. Phoenix, AZ 85027	S	\$ 44,887
Univac	TND003392801	Univac Road Bristol, TN 37620	T.S.	61,000
Univac	MND000823922 078669280	2751 Shepard Rd. St. Paul, MN.	T.S.	11,200
Univac	MND078669710	3333 Pilot Knob Rd. Eagan, MN. 55116	T.S.	2,450
Univac	FLD0004097184	Route 584 Oldsmar, Fla. 33557	S	4,600
Univac	MND079731519	2276 Highcrest Rd. Roseville, MN. 55116	G.S.T.	13,800

The owner or operator identified above guarantees through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, the closure and post-closure care of the following facilities owned or operated by its subsidiaries. The current cost estimates for the closure or post-closure care so guaranteed are shown for each facility:

<u>Subsidiary of Sperry Corp.</u>	<u>EPA ID No.</u>	<u>Address</u>	<u>TSD Category</u>	<u>Closure Cost Est.</u>
Vickers, Inc.	NJ001794486	9 Fadam Road Springfield, NJ 07081	S	\$ 2,730
Vickers, Inc.	MSD033359266	5353 Highland Dr. Jackson, MS. 39206	T.S.	42,470

Vickers, Inc. ILD001837517 ✓	350 N. York Road Bensenville, IL. 60106	T.S.	\$ 3,515
Vickers, Inc. MID083430348 ✓	32661 Edward Ave. Madison Heights, MI 48071	S	5,242
Vickers, Inc. MID001722532 ✓	1401 Crooks Road Troy, MI 48084	S	14,082
Vickers, Inc. OHD004466165 ✓	1441 S. Ellsworth Av. Salem, Ohio 44460	S	6,489
Vickers, Inc. ARD006355341	400 E. Lincoln Ave. Searcy, AR. 72143	T.S.	32,278
Vickers, Inc. OKD007227945	7217 E. Pine St. Tulsa, OK. 74115	S	3,003
Vickers, Inc. NED007286198	6600 N. 72nd St. Omaha, NE. 68122	S	17,785
Vickers, Inc. MOD007155781	2800 W. 10th St. Joplin, MO. 64802	S	54,956
Vickers, Inc. CAT000625202	445 Maple Ave. Torrance, CA. 90503	S	2,195

In States where EPA is not administering the financial requirements of Subpart H of 40 CFR Parts 264 and 265, this owner or operator is demonstrating financial assurance for the closure or post-closure care of the following facilities through the use of a test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility:

N O N E.

The owner or operator identified above owns or operates the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is not demonstrated either to EPA or a State through the financial test or any other financial assurance mechanism specified in Subpart H of 40 CFR Parts 264 and 265 or equivalent or substantially equivalent State

mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility:

N O N E.

This owner or operator is required to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this owner or operator ends on March 31. The figures for the following items marked with an asterisk are derived from this owner's or operator's independently audited, year-end financial statements for the latest completed fiscal year ended March 31, 1982.

CLOSURE OR POST-CLOSURE CARE AND LIABILITY COVERAGE

(Lines 4 through 11
in millions)

1. Sum of current closure and post-closure cost estimates (total of <u>ALL</u> cost estimates listed above)	\$ <u>322,682</u>
2. Amount of annual aggregate liability coverage to be demonstrated	\$ <u>8,000,000</u>
3. Sum of lines 1 and 2	\$ <u>8,322,682</u>
*4. Total liabilities	\$ <u>2,958.6</u>
*5. Tangible net worth	\$ <u>2,356.3</u>
*6. Net worth	\$ <u>2,384.4</u>
*7. Current assets	\$ <u>2,628.6</u>
*8. Current liabilities	\$ <u>1,785.8</u>
*9. Net working capital (line 7 minus line 8)	\$ <u>842.8</u>
*10. The sum of net income plus depreciation, depletion, and amortization	\$ <u>428.0</u>
*11. Total assets in U. S.	\$ <u>3,426.7</u>

	<u>Yes</u>	<u>No</u>
12. Is line 5 at least \$10 million?	<u>X</u>	—
13. Is line 5 at least 6 times line 3?	<u>X</u>	—
14. Is line 9 at least 6 times line 3?	<u>X</u>	—
15. Are at least 90% of assets located in the U. S.? If not, complete line 16.	—	<u>X</u>
16. Is line 11 at least 6 times line 3?	<u>X</u>	—
17. Is line 4 divided by line 6 less than 2.0?	<u>X</u>	—
18. Is line 10 divided by line 4 greater than 0.1?	<u>X</u>	—
19. Is line 7 divided by line 8 greater than 1.5?	—	<u>X</u>

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR 264.151(g) as such regulations were constituted on the date shown immediately below.


Alfred J. Moccia
Vice Chairman and Chief Financial Officer

July 6, 1982

UNISYS**RECEIVED**
JUL 29 1987U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
OFFICE OF THE DIRECTOR

Regional Administrator
U.S. Environmental Protection Agency
Region V
230 South Dearborn Street
Chicago, Illinois 60604

Dear Sir:

I am the chief financial officer of Unisys Corporation, Township Line Road, Blue Bell, PA 19424. This letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverage and closure and/or post-closure care as specified in Subpart H of 40 CFR Parts 264 and 265.

The owner or operator identified above is the owner or operator of the following facilities for which liability coverage is being demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265:

<u>Business Group of Unisys Corp.</u>	<u>EPA ID No.</u>	<u>Address</u>
Corporate	NED072892037	1500 S. Bridge St. Lexington, NE 68850
Info.Systems	TND003382801	Sperry Road Bristol, TN 37620
Info.Systems	MND000823922	2751 Shepard Road St. Paul, MN 55116
Info.Systems	MND000823914	3333 Pilot Knob Road Eagan, MN 55116
Defense System	FLD004097184	Route 584 Oldsmar, FL 33551
Info.Systems	MND079731519	2276 Highcrest Road Roseville, MN 55113

The owner or operator identified above owns or operates the following facilities for which financial assurance for closure or post-closure care is demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by the test are shown for each facility:

<u>Business Group of Unisys Corp.</u>	<u>EPA ID No.</u>	<u>Address</u>	<u>TSD Category</u>	<u>Closure Cost Est.</u>
Corporate	NED072892037	1500 S. Bridge St. Lexington, NE 68850	S	\$55,000
Info. Systems	TND003382801	Sperry Road Bristol, TN 37620	TS	91,134
Info. Systems	MND000823922	2751 Shepard Rd. St. Paul, MN 55116	TS	26,146
Info. Systems	MND000823914	3333 Pilot Knob Rd. Eagan, MN 55116	TS	4,870
Defense System	FLD0040971844	Route 584 Oldsmar, FL 33557	S	8,751
Info. Systems	MND079731519	2276 Highcrest Rd. Roseville, MN 55113	GST	19,477

In States where EPA is not administering the financial requirements of Subpart H of 40 CFR Parts 264 and 265, this owner or operator is demonstrating financial assurance for the closure or post-closure care of the following facilities through the use of a test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility:

N O N E.

The owner or operator identified above owns or operates the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is not demonstrated either to EPA or a State through the financial test or any other financial assurance mechanism specified in Subpart H of 40 CFR Parts 264 and 265 or equivalent or substantially equivalent State mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility:

N O N E.

This owner or operator is required to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this owner or operator ends on December 31. The figures for the following items marked with an asterisk are derived from this owner's or operator's independently audited, year-end financial statements for the latest completed fiscal year ended December 31, 1986.

CLOSURE OR POST-CLOSURE CARE AND LIABILITY COVERAGE

(Lines 4 through 11
in millions)

1.	Sum of current closure and post-closure cost estimates (total of <u>ALL</u> cost estimates listed above)	\$ <u>205,378</u>
2.	Amount of annual aggregate liability coverage to be demonstrated	\$ <u>8,000,000</u>
3.	Sum of lines 1 and 2	\$ <u>8,205,378</u>
*4.	Total liabilities	\$ <u>5,580.5</u>
*5.	Tangible net worth	\$ <u>2,865.7</u>
*6.	Net worth	\$ <u>3,828.3</u>
*7.	Current assets	\$ <u>4,536.4</u>
*8.	Current liabilities	\$ <u>3,342.1</u>
*9.	Net working capital (line 7 minus line 8)	\$ <u>1,194.3</u>
*10.	The sum of net income plus depreciation, depletion, and amortization	\$ <u>400.6</u>
*11.	Total assets in U. S.	\$ <u>6,683.6</u>

	<u>Yes</u>	<u>No</u>
12. Is line 5 at least \$10 million?	<u>X</u>	___
13. Is line 5 at least 6 times lines 3?	<u>X</u>	___
14. is line 9 at least 6 times line 3?	<u>X</u>	___
*15. Are at least 90% of assets located in the U.S.? If not, complete line 16.	___	<u>X</u>
16. Is line 11 at least 6 times line 3?	<u>X</u>	___
17. Is line 4 divided by line 6 less than 2.0?	<u>X</u>	___
18. Is line 10 divided by line 4 greater than 0.1?	___	<u>X</u>
19. Is line 7 divided by line 8 greater than 1.5?	___	<u>X</u>

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR 264.151(g) as such regulations were constituted on the date shown immediately below.



Edwin P. Gilbert
Senior Vice President and
Chief Financial Officer

July 14, 1987



A MEMBER OF ARTHUR YOUNG INTERNATIONAL

Arthur Young

1800 John F. Kennedy Boulevard
Philadelphia, Pennsylvania 19103-7499
Telephone: (215) 864-3300
Telex: 845-149

July 24, 1987

The Board of Directors
Unisys Corporation

We have read the letter, dated July 14, 1987, from Mr. Edwin P. Gilbert, Senior Vice President and Chief Financial Officer of Unisys Corporation, submitted to the Regional Administrators of the Environmental Protection Agency in support of the use of the financial test, as specified in Subpart H of 40 CFR, Parts 264 and 265, to demonstrate financial responsibility for liability coverage and closure and post-closure care of the Corporation's hazardous waste treatment, storage and disposal facilities at the locations listed in that letter.

In connection with Subpart H of 40 CFR, Parts 264 and 265, we have compared the independently audited consolidated financial statements of Unisys Corporation for the year ended December 31, 1986, to the specified data in that letter indicated as being derived from such independently audited consolidated financial statements. In connection with this comparison, no matters came to our attention that caused us to believe that the specified data should be adjusted.

This report is solely to assist you in complying with the reporting requirements associated with the financial test, as specified in Subpart H of 40 CFR, Parts 264 and 265, to demonstrate financial responsibility for liability coverage and closure and post-closure care, and should not be referred to or used for any other purpose.

Arthur Young & Company

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

Annual Report Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

For the fiscal year ended December 31, 1986 Commission file number 1-8729

UNISYS CORPORATION

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of
incorporation or organization)

38-0387840
(I.R.S. Employer
Identification No.)

Burroughs Place, Detroit, Michigan
(Address of principal executive offices)

48232
(Zip Code)

Registrant's telephone number, including area code: (313) 972-7000
Securities registered pursuant to Section 12(b) of the Act:

<u>Title of each class</u>	<u>Name of each exchange on which registered</u>
Common Stock, par value \$5	New York Stock Exchange Midwest Stock Exchange Pacific Stock Exchange New York Stock Exchange
Series A Cumulative Convertible Preferred Stock, par value \$1 Preferred Share Purchase Rights	New York Stock Exchange Midwest Stock Exchange Pacific Stock Exchange New York Stock Exchange Midwest Stock Exchange Pacific Stock Exchange New York Stock Exchange
7 1/4% Convertible Subordinated Debentures Due 2010	New York Stock Exchange Midwest Stock Exchange Pacific Stock Exchange New York Stock Exchange
7 5/8% Convertible Subordinated Debentures Due 2011	New York Stock Exchange
13 1/2% Notes Due 1991	New York Stock Exchange
13 7/8% Notes Due 1992	New York Stock Exchange
9 1/4% Extendable Notes Due 1995	New York Stock Exchange
10 3/4% Debentures Due 1995	New York Stock Exchange
8.20% Sinking Fund Debentures Due 1996	New York Stock Exchange

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes X No

Aggregate market value of the voting stock held by non-affiliates: \$4,623,215,190 as of February 9, 1987. The amount shown is based on the closing price of Unisys Common Stock as reported on the New York Stock Exchange composite tape on that date. Voting stock beneficially held by officers and directors is not included in the computation. However, Unisys Corporation has not determined that such individuals are "affiliates" within the meaning of Rule 405 under the Securities Act of 1933.

Number of shares of Common Stock, \$5.00 par value, outstanding as of March 2, 1987: 46,564,956

DOCUMENTS INCORPORATED BY REFERENCE

Portions of Unisys 1986 Annual Report to Stockholders - Part I
and Part II

Portions of Unisys Proxy Statement for 1987 Annual Meeting of
Stockholders - Part III

PART I

Unisys Corporation, referred to in this report together with its subsidiaries as "UNISYS", was formerly named Burroughs Corporation ("Burroughs") and is the successor by merger to Sperry Corporation ("Sperry"). Corporate offices of Unisys Corporation are at Blue Bell, Pennsylvania 19424. World headquarters of UNISYS is at One Burroughs Place, Detroit, Michigan 48232.

ITEM 1. BUSINESS

UNISYS is a leading worldwide information systems company engaged in designing, engineering, manufacturing, marketing and supporting electronics-based information systems, including commercial information systems and defense and other systems for government customers, and related equipment and services, including software.

UNISYS operates primarily in one business segment, information systems and related services and supplies. This segment represents more than 90% of consolidated revenue, operating profit and identifiable assets.

Principal products and services include processors and peripherals; workstations and office automation products; software and related services; media products; custom products and services; and equipment maintenance services.

Included with processors and peripherals are a complete line of small, medium and large mainframes and related peripheral products, such as printers, storage devices and document handling equipment. Workstations and office automation products include intelligent workstations and terminals. Software and related services consist of application and systems software along with related professional services. Media products include magnetic media used for storage devices. Custom products and services include specialized information processing systems and services marketed mainly to government agencies.

UNISYS markets, provides financing for, and services its products throughout most of the world. While most UNISYS products are manufactured by UNISYS, some products, including certain personal computers, microcomputers, peripheral products and electronic components are manufactured for UNISYS to its design or specifications by other business equipment manufacturers or component manufacturers.

Information about revenue from classes of similar products and services is set forth under the heading "Revenue by Similar Classes of Products and Services" on page 54 of UNISYS 1986

Annual Report to Stockholders and incorporated herein by reference.

Management believes that backlog information is not a meaningful indicator of short-term business trends in view of the following factors. Customers may elect to accelerate or delay the delivery of products. In the case of large orders, delivery may be spread over a period of time in accordance with customers' requirements, which may be subject to modification from time to time. Customers may elect to purchase the product in lieu of leasing it, or vice versa. Furthermore, customers' finances, general economic conditions and other factors may affect the amount of the backlog that may be realized in revenue in any succeeding period. As a result, it is not possible to predict accurately the portion of the 1986 backlog not expected to be filled during 1987. Furthermore, changes in the year end levels of the unfilled order backlog do not necessarily reflect future revenue.

Revenue and earnings connected with defense and other governmental business are particularly subject to the size and phasing of government programs in which UNISYS may participate. During 1986, revenue under United States defense and space contracts and subcontracts represented approximately 15% of total revenue (equal to 26% inclusive of Sperry revenue for full calendar year), and sales of commercial products to the U.S. Government represented an additional 5% of total revenue.

UNISYS engineering, research and development costs were \$992.0 million in 1986 (equal to \$1.4 billion inclusive of Sperry expenditures for full calendar year), \$515.5 million in 1985 and \$448.4 million in 1984. Excluding capitalized software, hardware support and software support, UNISYS-sponsored research and development costs were \$440.8 million in 1986, \$285.2 million in 1985 and \$274.6 million in 1984. Customer-sponsored research and development costs were \$302.5 million in 1986, \$65.0 million in 1985 and \$59.0 million in 1984.

Raw materials essential to the conduct of the business are generally readily available at competitive prices in reasonable proximity to those plants utilizing such materials. Capital expenditures, earnings and the competitive position of UNISYS have not been materially affected by compliance with federal, state and local laws regulating the protection of the environment.

As of February 1, 1987, UNISYS had approximately 96,000 employees.

UNISYS owns many patents relating to the design and manufacture of its products, has granted licenses under certain of its patents to others, and is licensed under the patents of others. UNISYS does not believe that its business is materially dependent upon any single patent or license, or related group

products are considered to be valuable assets which contribute to goodwill and business.

Financial information by geographic area is set forth in Note 18, "Business segment information", of the Notes to Consolidated Financial Statements appearing on page 50 of UNISYS 1986 Annual Report to Stockholders and such information is incorporated herein by reference.

UNISYS business is subject to rapidly changing technology and to strong competition, particularly from International Business Machines Corporation. UNISYS believes that continued investment in engineering, research and development coupled with UNISYS marketing capabilities will have a favorable impact on its competitive position.

The products of UNISYS are marketed in more than 100 countries outside the United States through subsidiaries and distributors. Certain products are manufactured by UNISYS outside the United States, principally for sale in foreign markets. Substantial portions of the assets of UNISYS outside the United States are located in Australia, Belgium, Brazil, Canada, France, Germany, Japan and the United Kingdom.

Sperry became a subsidiary of UNISYS upon the purchase by SP Acquiring Corp. ("Acquiring") of a majority of the outstanding shares of Sperry Common Stock through a cash tender offer on June 11, 1986, in accordance with the Acquisition Agreement dated as of May 27, 1986 by and among Burroughs, Sperry and Acquiring (the "Acquisition Agreement"). As a result Sperry became a majority owned subsidiary of Burroughs.

On September 16, 1986, in accordance with the Acquisition Agreement and pursuant to an Agreement of Merger and First Amendment to the Acquisition Agreement dated as of June 26, 1986, by and among Burroughs, Sperry, Acquiring and SP Merger Co. Inc. ("Merger"), Merger merged with and into Sperry. As a result of this merger, Sperry became a wholly owned subsidiary of Burroughs.

On November 12, 1986, Sperry merged with and into Burroughs pursuant to an Agreement and Plan of Merger dated October 23, 1986 between Sperry and Burroughs. On November 13, 1986, Burroughs changed its name to Unisys Corporation upon the merger of SP 24 Inc. ("24") with and into Burroughs pursuant to a Certificate of Ownership and Merger dated November 13, 1986. Acquiring, Merger and 24 were wholly owned subsidiaries of Burroughs.

During 1986 and the first quarter of 1987, UNISYS divested significant business operations, including the former Aerospace and Marine Group of Sperry and certain operations of the former Memorex Corporation subsidiary of Burroughs.

ITEM 2. PROPERTIES

In the United States, UNISYS had 112 major facilities as of December 31, 1986. The aggregate floor space of these major facilities, each having approximately 50,000 square feet of floor space or more, was approximately 19,800,000 square feet of which an aggregate of approximately 13,000,000 square feet was located in California, Michigan, Minnesota, Pennsylvania, and Virginia. Forty-two of the major facilities in the United States, with approximately 10,900,000 square feet of floor space, were owned by UNISYS while 70 of the major facilities in the United States with approximately 8,900,000 square feet of floor space were leased to UNISYS. Of the aggregate floor space in the United States, approximately 18,600,000 square feet were in current operation while approximately 1,200,000 square feet were being held in reserve.

Outside of the United States, UNISYS had 55 major facilities as of December 31, 1986. The aggregate floor space of these major facilities, each having approximately 50,000 square feet of floor space or more, was approximately 5,800,000 square feet of which an aggregate of approximately 3,400,000 square feet was located in Canada, France, Germany and the United Kingdom. Twenty-four of the major facilities outside of the United States, with approximately 2,900,000 square feet of floor space, were owned by UNISYS while 31 of the major facilities outside the United States, aggregating 2,900,000 square feet of floor space, were leased to UNISYS. Of the aggregate floor space outside the United States, approximately 5,700,000 square feet were in current operation and 100,000 square feet were being held in reserve.

UNISYS major facilities include laboratories, manufacturing plants, warehouses and sales centers. UNISYS believes that its facilities are suitable and adequate for current and presently projected needs. UNISYS continuously reviews its anticipated requirements for facilities and, on the basis thereof, will from time to time acquire additional facilities, expand existing facilities, and dispose of existing facilities or parts thereof.

ITEM 3. LEGAL PROCEEDINGS

None. See Note 17, "Litigation," of the Notes to Consolidated Financial Statements appearing on Page 49 of UNISYS 1986 Annual Report to Stockholders. Note 17 is incorporated herein by reference.

ITEM 4. SUBMISSION OF MATTERS TO A VOTE OF SECURITY HOLDERS

No matters were submitted to a vote of security holders during the fourth quarter of 1986.

non-responsive

non-responsive

non-responsive

non-responsive

PART II

ITEM 5. MARKET FOR THE REGISTRANT'S COMMON STOCK AND RELATED SECURITY HOLDER MATTERS

Information as to the market for UNISYS common stock, the high and low sales prices for UNISYS common stock, the approximate number of record holders of UNISYS common stock and payment of dividends is set forth under the headings "Price Range of Common Stock," "Dividends Paid per Common Share" and "Stock Trading" in UNISYS 1986 Annual Report to Stockholders at pages 55 and 56 and incorporated herein by reference. The approximate number of holders is based upon record holders as of December 31, 1986.

ITEM 6. SELECTED FINANCIAL DATA

A summary of selected financial data for UNISYS for each of the last five years is set forth under the heading "Selected Financial Data" in UNISYS 1986 Annual Report to Stockholders at page 54 and incorporated herein by reference.

ITEM 7. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS

Management's discussion and analysis of financial condition, changes in financial condition and results of operations is set forth under the heading "Management's Discussion and Analysis of Financial Condition and Results of Operations" in UNISYS 1986 Annual Report to Stockholders on pages 35 and 37 and incorporated herein by reference.

ITEM 8. FINANCIAL STATEMENTS AND SUPPLEMENTARY DATA

The financial statements of UNISYS, consisting of the consolidated balance sheets at December 31, 1986 and 1985 and the related consolidated statements of income and changes in financial position for each of the three years in the period ended December 31, 1986, appearing on pages 34, 36 and 38 of UNISYS 1986 Annual Report to Stockholders, together with the report of Arthur Young & Company on the financial statements at and for the year ended December 31, 1986, appearing on page 52 of UNISYS 1986 Annual Report to Stockholders, are incorporated herein by reference. Supplementary financial data, consisting of information appearing under the heading "Quarterly Financial Information" in UNISYS 1986 Annual Report to Stockholders on page 53, is incorporated herein by reference.

ITEM 9. CHANGE IN AND DISAGREEMENTS ON ACCOUNTING AND FINANCIAL
DISCLOSURES

Not required.

PART III

ITEM 10. DIRECTORS AND EXECUTIVE OFFICERS OF THE REGISTRANT

- (a) Identification of Directors. Information concerning the present directors of Unisys Corporation is set forth under the headings "Nominees for Election to the Board of Directors for Three Year Term Expiring in 1990," "Members of the Board of Directors Continuing in Office - Term Expiring in April 1988," and "Members of the Board of Directors Continuing in Office - Term Expiring in 1989" in Unisys Corporation's Proxy Statement for the 1987 Annual Meeting of Stockholders at pages 4 to 8 and incorporated herein by reference.
- (b) Identification of Executive Officers. Information concerning executive officers of Unisys Corporation is set forth under the caption "Executive Officers of the Registrant" in Part I, Item 10, on pages 7 to 10 of this report.

ITEM 11. EXECUTIVE COMPENSATION

Information concerning executive compensation is set forth under the headings "Proposal to Approve Unisys Executive Bonus Plan", "Executive Compensation," "Employment Agreements," "Change of Control Employment Agreements", "Performance Awards," "Pension Benefits," "The Corporation's Employees Savings Thrift Plan", "Additional Compensation Plans," "Stock Options and Stock Appreciation Rights", "Indebtedness of Management", "Sperry Employee Stock Ownership Plan" and "Other Compensation" in Unisys Corporation's Proxy Statement for the 1987 Annual Meeting of Stockholders at pages 10 to 12 and at pages 16 to 25 and incorporated herein by reference.

ITEM 12. SECURITY OWNERSHIP OF CERTAIN BENEFICIAL OWNERS AND MANAGEMENT

- (a) Security Ownership of Certain Beneficial Owners. To UNISYS knowledge, as of March 2, 1987, no person was the beneficial owner of more than five percent of the total outstanding shares of Unisys common stock.
- (b) Security Ownership of Management. Certain information furnished by members of management with respect to beneficial ownership of shares of Unisys equity securities as of February 9, 1987 of all directors individually and all directors and officers of UNISYS as a group is set forth in tabular form at pages 8 and 9 in Unisys Corporation's Proxy Statement for the 1987

Annual Meeting of Stockholders and incorporated herein by reference.

ITEM 13. CERTAIN RELATIONSHIPS AND RELATED TRANSACTIONS

Information concerning certain relationships and transactions between UNISYS and members of its management is set forth under the heading "Board Committees, Attendance and Fees" in Unisys Corporation's Proxy Statement for the 1987 Annual Meeting of Stockholders on pages 9 and 10 and incorporated herein by reference.

PART IV

ITEM 14. EXHIBITS, FINANCIAL STATEMENT SCHEDULES, AND REPORTS ON FORM 8-K

(a) The following documents are filed as part of this report:

1. Financial statements from Unisys 1986 Annual Report to Stockholders which are incorporated by reference herein:

Page in
Annual Report

Management's discussion and analysis of
financial condition and results of
operations..... 35 and 37

Consolidated balance sheets at December 31,
1986 and December 31, 1985.....36

For the three years ended December 31, 1986:
Consolidated statement of income.....34

Consolidated statement of changes in
financial position.....38

Notes to consolidated financial statements..... 30-50

Report of independent accountants.....52

Quarterly financial information (unaudited).....53

2. Reports of independent accountants and predecessor independent accountants and financial statement schedules filed as part of this report pursuant to Item 8 of this form:

Schedule
Number

Form 10-K
Page No.

	Report of predecessor independent accountants on consolidated balance sheet at December 31, 1985 and consolidated financial statements and financial statement schedules for the years ended December 31, 1985 and 1984.....	18
II	Amounts Receivable from Related Parties and Underwriters, Promoters and Employees Other than Related Parties.....	19
V	Property, Plant and Equipment.....	20
VI	Accumulated Depreciation, Depletion and Amortization of Property, Plant and Equipment.....	21
VIII	Valuation and Qualifying Accounts.....	22
IX	Short-term Borrowings.....	23

The financial statement schedules should be read in conjunction with the consolidated financial statements and notes thereto in UNISYS 1986 Annual Report to Stockholders. Financial statement schedules not included with this report have been omitted because they are not applicable or the required information is shown in the consolidated financial statements or notes thereto.

Separate financial statements of finance subsidiaries and various joint ventures, which are accounted for by the equity method, have been omitted since these operations do not represent significant subsidiaries.

3. Exhibits. See Exhibit Index included in this Report.

(b) Reports on Form 8-K.

During the quarter ended December 31, 1986, a Current Report on Form 8-K was filed, dated November 6, 1986, to report on Current Report Items 4 and 7.

SIGNATURES

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized, on March 30, 1987.

UNISYS CORPORATION

By /s/ W. Michael Blumenthal
W. Michael Blumenthal
Chairman of the Board and
Chief Executive Officer

Pursuant to the requirements of the Securities Exchange Act of 1934, this report has been signed below by the following persons in the capacities indicated on March 30, 1987.

/s/ W. Michael Blumenthal
W. Michael Blumenthal
Chairman of the Board,
Principal Executive
Officer and Director

* Charles F. Barber
Charles F. Barber, Director

* Joseph J. Kroger
Joseph J. Kroger, Director

* William E. LaMothe
William E. LaMothe, Director

* Wade H. McCree, Jr.
Wade H. McCree, Jr. Director

* William G. Milliken
William G. Milliken, Director

* Paul S. Mirabito
Paul S. Mirabito, Director

* Alice M. Rivlin
Alice M. Rivlin, Director

* Alan E. Schwartz
Alan E. Schwartz, Director

* Arthur R. Seder, Jr.
Arthur R. Seder, Jr., Director

* Donald V. Seibert
Donald V. Seibert, Director

* Harold T. Shapiro
Harold T. Shapiro, Director

* Richard R. Shinn
Richard R. Shinn, Director

* Paul G. Stern
Paul G. Stern, Director

* Robert M. Surdam
Robert M. Surdam, Director

* James A. Unruh
James A. Unruh, Director

* By /s/ Edwin P Gilbert
Edwin P. Gilbert
Senior Vice President and
Chief Financial Officer,
Principal Financial and
Accounting Officer,
and as Attorney-in-Fact

REPORT OF PREDECESSOR INDEPENDENT ACCOUNTANTS

To the Board of Directors
and Stockholders of Unisys Corporation

In our opinion, the consolidated balance sheet and consolidated statements of income and of changes in financial position as of and for each of the two years in the period ended December 31, 1985 (appearing on pages 34, 36 and 38 through 50 of the Unisys Corporation (formerly Burroughs Corporation) 1986 Annual Report to Stockholders which have been incorporated by reference in this Form 10-K Annual Report) present fairly the financial position, results of operations and changes in financial position of Unisys Corporation and its subsidiaries as of and for each of the two years in the period ended December 31, 1985, in conformity with generally accepted accounting principles consistently applied. This opinion is based on examinations which were made by us in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We did not examine the consolidated financial statements of Unisys Corporation for any period subsequent to December 31, 1985.

Our examinations of the consolidated financial statements referred to in the preceding paragraph included the Financial Statement Schedules for each of the two years in the period ended December 31, 1985 listed in Item 14(a) of this Form 10-K. In our opinion, these Financial Statement Schedules present fairly the information set forth therein when read in conjunction with the related consolidated financial statements.

PRICE WATERHOUSE

Detroit, Michigan
January 20, 1986

UNITED STATES CORPORATION AND CONSOLIDATED SUBSIDIARIES
SCHEDULE II - AMOUNTS RECEIVABLE FROM RELATED PARTIES AND
UNDERWRITERS, PROMOTERS, AND EMPLOYEES OTHER THAN RELATED PARTIES

Name of Debtor	Balance at Beginning of Period	Additions	Deductions		Balance	
			Amounts Collected	Amounts Written Off	Current	Not Current
W. M. Blumenthal	-0-	\$100,000 ^(a) (10/22/86)	\$100,000 (12/16/86)	-0-	\$512,450	-0-
		336,400 ^(a) (12/12/86)	\$336,400 (12/16/86)			
		76,050 ^(a) (12/16/86)	76,050 (12/16/86)			
		\$12,450 ^(b) (12/16/86)				
J. J. Kroger	-0-	500,000 ^(c) (12/8/86)		-0-	500,000	-0-
P. G. Stern	-0-	500,000 ^(d) (9/29/86)	500,000 (12/31/86)	-0-	756,800	-0-
		750,000 ^(e) (9/29/86)				
R. L. Caswell	-0-	30,000 ^(a) (12/2/86)		-0-	360,000	-0-
		57,500 ^(a) (12/15/86)				
		212,500 ^(b) (12/16/86)				
C. A. Reseler	-0-	42,000 ^(a) (10/24/86)	42,000 (12/3/86)	-0-	160,800	-0-
		160,800 ^(b) (12/3/86)				
L. J. Level	-0-	225,000 ^(a) (11/6/86)	225,000 (12/23/86)	-0-	267,000	-0-
		267,000 ^(b) (12/23/86)				

- (a) Loan to be paid upon earliest of termination of employment, 15 days after sale of immediate prior residence or one year from beginning of loan period. Loan is without interest.
- (b) Loan to be paid upon earliest of 20 years from beginning of loan period, 15 days after sale of residence to be acquired with proceeds of the loan or six months after termination of employment. Loan is without interest. Loan will be secured by mortgage on said residence.
- (c) Loan to be paid upon earliest of 20 years from beginning of loan period; 15 days after sale of residence to be acquired with proceeds of the loan; or six months after termination of employment, except 12 months after termination of employment if loan is secured by first mortgage on said residence. Loan is without interest. Loan will be secured by mortgage on said residence.
- (d) Loan to be paid upon earliest of termination of employment, 5 days after receipt of first mortgage proceeds on residence to be acquired with proceeds of the loan, or December 31, 1986.
- (e) Loan to be paid upon earliest of 20 years from beginning of loan period; 15 days after sale of residence to be acquired with proceeds of the loan; or six months after termination of employment, except if employment terminated by lender other than for intentional dishonesty or gross negligence of duties, six months after final payment under any existing employment agreement between borrower and lender. Loan is without interest. Loan will be secured by mortgage on said residence.

UNISYS CORPORATION AND CONSOLIDATED SUBSIDIARIES
SCHEDULE V - PROPERTY, PLANT AND EQUIPMENT (a)
(Millions)

Classification	Balance at Beginning of Period	Additions at Cost(b)	Retirements, Sales and Reclassi- fications(d)	Trans- lation Adjust- ments	Amortization of Leasehold Improvements	Balance at End of Period
Year ended December 31, 1984:						
Land	\$ 44.7	\$ 2.7	\$(.6)	\$(.8)		\$ 46.0
Buildings	368.0	32.7	(3.7)	(7.7)		389.3
Machinery and equipment	719.0	141.8	(33.3)	(19.5)		808.0
Tools and test equipment	318.6	44.2	(22.5)	(5.8)		334.5
Rental equipment	1,083.6	322.3	(378.2)	(42.0)		985.7
Unamortized leasehold improvements	33.1	13.9	1.2	(2.4)	\$(9.4)	36.4
Construction in progress	94.6	17.0(c)		(2.2)		109.4
Total	\$2,661.6	\$ 574.6	\$(437.1)	\$(80.4)	\$(9.4)	\$2,709.3
Year ended December 31, 1985:						
Land	\$ 46.0	\$.9	\$(3.1)	\$ 2.2		\$ 46.0
Buildings	389.3	16.2	(11.3)	10.9		405.1
Machinery and equipment	808.0	159.7	(9.1)	22.5		981.1
Tools and test equipment	334.5	52.1	(44.5)	7.1		349.2
Rental equipment	985.7	247.3	(410.1)	42.2		865.1
Unamortized leasehold improvements	36.4	24.7	(4.5)	2.3	\$(8.7)	50.2
Construction in progress	109.4	(50.9)(c)	(1.2)	1.6		58.9
Total	\$2,709.3	\$ 450.0	\$(483.8)	\$ 88.8	\$(8.7)	\$2,755.6
Year ended December 31, 1986:						
Land	\$ 46.0	\$ 165.6	\$(3.6)			\$ 208.0
Buildings	405.1	225.6	(96.8)			533.9
Machinery and equipment	981.1	645.6	(265.8)			1,360.9
Tools and test equipment	349.2	202.0	(80.8)			470.4
Rental equipment	865.1	487.4	(519.9)			832.6
Unamortized leasehold improvements	50.2	36.8	(4.5)		\$(13.0)	69.5
Construction in progress	58.9	72.4(c)	(15.5)			115.8
Total	\$2,755.6	\$1,835.4	\$(986.9)		\$(13.0)	\$3,591.1

- (a) Maintenance and repairs charged to operations in 1984, 1985 and 1986 amounted to \$67.2, \$59.7 and \$82.9 million, respectively.
- (b) 1986 additions include the fair value of rental equipment and properties of Sperry Corporation and Consolidated Subsidiaries at June 30, 1986 amounting to \$1,206.8 million. See Note 2, Acquisition of Sperry Corporation, of notes to consolidated financial statements for additional information.
- (c) Additions are reduced by transfers to property accounts upon completion of construction.
- (d) Include translation adjustments beginning with 1986.

UNISYS CORPORATION AND CONSOLIDATED SUBSIDIARIES
 SCHEDULE VI - ACCUMULATED DEPRECIATION, DEPLETION AND
 AMORTIZATION OF PROPERTY, PLANT AND EQUIPMENT
 (Millions)

Description	Balance at Beginning of Period	Additions Charged to Costs and Expenses	Retirements, Sales and Realizati- fications(a)	Trans- lation Adjust- ments	Balance at End of Period
Year ended December 31, 1984:					
Buildings	\$ 102.6	\$ 22.0	\$(2.9)	\$(1.6)	\$ 120.1
Machinery and equipment	353.2	114.1	(63.0)	(10.7)	393.6
Tools and test equipment	244.8	39.7	(19.3)	(5.1)	260.1
Rental equipment	697.7	194.4	(218.0)	(27.1)	647.0
Total	\$1,398.3	\$370.2	\$(303.2)	\$(24.5)	\$1,420.8
Year ended December 31, 1985:					
Buildings	\$ 120.1	\$ 21.0	\$(8.7)	\$ 3.6	\$ 136.0
Machinery and equipment	393.6	120.9	(47.9)	9.5	476.1
Tools and test equipment	260.1	37.7	(33.2)	6.7	271.3
Rental equipment	647.0	150.1	(227.6)	33.7	603.2
Total	\$1,420.8	\$329.7	\$(317.4)	\$ 53.5	\$1,486.6
Year ended December 31, 1986:					
Buildings	\$ 136.0	\$ 27.0	\$(20.8)		\$ 142.2
Machinery and equipment	476.1	182.0	(166.8)		491.3
Tools and test equipment	271.3	51.2	(49.8)		272.7
Rental equipment	603.2	162.8	(273.3)		492.7
Total	\$1,486.6	\$423.0	\$(510.7)		\$1,398.9

(a) Include translation adjustments beginning with 1986.

	1984	1985	1986
Depreciation as above	\$370.2	\$329.7	\$423.0
Amortization of leasehold improvements (Schedule V)	9.4	8.7	13.0
Amortization of excess of cost over fair value of net assets acquired			8.0
Depreciation and amortization	\$379.6	\$338.4	\$440.0

UNISTE CORPORATION AND CONSOLIDATED SUBSIDIARIES
SCHEDULE VIII - VALUATION AND QUALIFYING ACCOUNTS
(MILLIONS)

Description	Balance at Beginning of Period	Additions Charged to Costs and Expenses	Deductions(a)	Balance at End of Period
Allowance for Doubtful Accounts (deducted from accounts and notes receivable):				
Year Ended December 31, 1984	\$71.1	\$16.7	\$36.2	\$51.6
Year Ended December 31, 1985	\$51.6	\$ 8.1	\$11.7	\$48.0
Year Ended December 31, 1986	\$48.0	\$16.4	\$18.3	\$46.1

(a) Write-off of bad debts less recoveries.

UNITED STATES CORPORATION AND CONSOLIDATED SUBSIDIARIES
SCHEDULE IX - SHORT-TERM BORROWINGS (a)
(\$ in Millions)

Year Ended December 31	Category of Aggregate Short- Term Borrowings	Balance at End of Period	Weighted Average Interest Rate	Maximum Amount Outstanding During the Period	Average Amount Outstanding During the Period(b)	Weighted Average Interest Rate During the Period(c)
1984	Bank borrowings	\$115.9	28.2%	\$ 164.5	\$130.3	33.1%
	Commercial paper	87.8	8.5	198.0	83.8	10.4
	Total	\$203.7				
1985	Bank borrowings	\$157.2	33.3%	\$ 220.7	\$182.4	23.5%
	Commercial paper		8.0	358.3	148.7	8.2
	Total	\$157.2				
1986	Bank borrowings	\$155.9	25.7%	\$2,251.3	\$436.5	17.9%
	Commercial paper		6.8	333.5	65.2	6.7
	Total	\$155.9				

(a) Commercial paper borrowing, supported by the revolving credit agreement, is classified as long-term debt on the basis of the Company's intention to maintain supporting revolving credit agreements and therefore is not included in this schedule.

(b) Average notes payable within one year is the average of month-end borrowings.

(c) Average interest rate is determined by dividing actual interest accrued by average notes payable within one year.

EXHIBIT INDEX

<u>Exhibit Number</u>	<u>Description</u>
3(a)	Certificate of Incorporation
3(b)	By-Laws
3(c)	Certificate of Ownership and Merger, merging SP 24 Inc. into Burroughs Corporation and changing the name of the Corporation to Unisys Corporation, dated November 13, 1986
3(d)	Certificate of Amendment of the Certificate of Incorporation of Burroughs Corporation, dated September 16, 1986
3(e)	Amendment to By-Laws, incorporated by reference to Page 33 of the Joint Proxy Statement-Prospectus included in the Burroughs Corporation Registration Statement on Form S-4 (No. 33-7982)
4(a)	Agreement to furnish to the Commission on request a copy of any instrument defining the rights of the holders of long-term debt which authorizes a total amount of debt not exceeding 10% of the total assets of the registrant, incorporated by reference to Exhibit 4 to the registrant's Form 10-K for the year ended December 31, 1982
4(b)	Form of Rights Agreement dated as of March 7, 1986 between Burroughs Corporation and Harris Trust Company of New York, as Rights Agent, which includes as Exhibit A, the Certificate of Designations for the Junior Participating Preferred Stock, and as Exhibit B, the form of Rights Certificate, incorporated by reference to Exhibit 1 to the registrant's Form 8-A, dated March 11, 1986
4(c)	Certificate of Designations, dated September 15, 1986, of Series A Cumulative Convertible Preferred Stock, par value \$1 per share, incorporated by reference to Exhibit 4.1 of the Burroughs Corporation Post-Effective Amendment No. 1 on Form S-3 to Registration Statement on Form S-4 (No. 33-7982)

<u>Exhibit Number</u>	<u>Description</u>
10(a)	Form of Executive Employment Agreement, incorporated by reference to Exhibit 10(a) to the registrant's Form 10-K for the year ended December 31, 1985
10(b)	Deferred Compensation Plan for Officers of Burroughs Corporation, incorporated by reference to Exhibit 10(b) to the registrant's Form 10-K for the year ended December 31, 1985
10(c)	Amendment, dated as of September 26, 1986, to the Deferred Compensation Plan for Officers of Burroughs Corporation
10(d)	Deferred Compensation Plan for Directors of Burroughs Corporation, incorporated by reference to Exhibit 10(c) to the registrant's Form 10-K for the year ended December 31, 1985
10(e)	Amendment, dated as of September 26, 1986, to the Deferred Compensation Plan for the Directors of Burroughs Corporation
10(f)	Burroughs Corporation 1975 Stock Option Plan, as amended
10(g)	Burroughs Corporation 1979 Stock Option and Stock Appreciation Rights Plan, incorporated by reference of Exhibit 10(e) to the registrant's Form 10-K for the year ended December 31, 1982
10(h)	Amendment, dated April 4, 1984, to Burroughs Corporation 1979 Stock Option and Stock Appreciation Rights Plan, incorporated by reference to Exhibit 10.7 to the registrant's Form 8-B, dated May 22, 1984
10(i)	Burroughs Executive Bonus Plan, incorporated by reference to Burroughs Proxy Statement for the 1982 Annual Meeting of Shareholders, dated February 22, 1982, on pages B-1 through B-3
10(j)	Burroughs Long-Term Incentive Plan, incorporated by reference to Burroughs Proxy Statement for the 1982 Annual Meeting of Shareholders, dated February 22, 1982, on pages C-1 through C-9

<u>Exhibit Number</u>	<u>Description</u>
10(k)	Amendment, dated July 23, 1982, to Burroughs Long-Term Incentive Plan, incorporated by reference to Exhibit 10(h) to the registrant's Form 10-K for the year ended December 31, 1982
10(l)	Amendment, dated April 4, 1984, to Burroughs Long-Term Incentive Plan, incorporated by reference to the registrant's Form 8-B, dated May 22, 1982
10(m)	Amendment, dated March 7, 1986, to Burroughs Long-Term Incentive Plan, incorporated by reference to Exhibit 28 to the registrants registration statement on Form S-8 (No. 33-3937)
10(n)	Amendment to Burroughs Long-Term Incentive Plan, incorporated by reference to Annex VIII of the Joint Proxy Statement-Prospectus included in the Burroughs Corporation Registration Statement on Form S-4 (No. 33-7982)
10(o)	Burroughs Supplemental Executive Retirement Income Plan, as amended, incorporated by reference to Exhibit 10(j) to the registrant's Form 10-K for the year ended December 31, 1983
10(p)	Agreement, dated April 3, 1985, between W. Michael Blumenthal and the registrant, incorporated by reference to Exhibit 10(o) to the registrant's Form 10-K for the year ended December 31, 1985
10(q)	Agreement, dated April 3, 1985, between Paul G. Stern and the registrant, incorporated by reference to Exhibit 10(p) to the registrant's Form 10-K for the year ended December 31, 1985
10(r)	Sperry Corporation Executive Pension Plan, as amended, incorporated by reference to Exhibit 10-A to the Sperry Corporation Form 10-Q for the quarter ended June 30, 1986 (File No. 1-3908)

<u>Exhibit Number</u>	<u>Description</u>
10(s)	Sperry Corporation Excess Benefits Plan, as amended, incorporated by reference to Exhibit 10-E to the Sperry Corporation Form 10-K for the fiscal year ended March 31, 1983 (File No. 1-3908)
10(t)	Sperry Corporation Performance Bonus Plan, as amended, incorporated by reference to Exhibit 10-F to the Sperry Corporation Form 10-K for the fiscal year ended March 31, 1985 (File No. 1-3908)
10(u)	Sperry Corporation Post Retirement Life Insurance Plan, as amended, incorporated by reference to Exhibit 10-F to the Sperry Corporation Form 10-K for the fiscal year ended March 31, 1981 (File No. 1-3908)
10(v)	Sperry Corporation Group Life Insurance Plan, incorporated by reference to Exhibit 20-E to the Sperry Corporation Form 10-K for the fiscal year ended March, 1981 (File No. 1-3908)
10(w)	Sperry Corporation Executive Medical Plan, as amended, incorporated by reference to Exhibit 10-I to the Sperry Corporation Form 10-K for the fiscal year ended March 31, 1982 (File No. 1-3908)
10(x)	Sperry Corporation Pension Plan for Outside Directors of the Board of Directors, as amended, incorporated by reference to Exhibit 10-J to the Sperry Corporation Form 10-K for the fiscal year ended March 31, 1984 (File No. 1-3908)
10(y)	Sperry Corporation Description of the Corporation's Insurance Plan for Non-employee Directors, incorporated by reference to Exhibit 10-K to the Sperry Corporation Form 10-K for the fiscal year ended March 31, 1984 (File No. 1-3908)
10(z)	Letter Agreement dated April 17, 1984, with Joseph J. Kroger, incorporated by reference to Exhibit 19-B to the Sperry Corporation Form 10-Q for the quarter ended September 30, 1984 (File No. 1-3908)

<u>Exhibit Number</u>	<u>Description</u>
10(aa)	Sperry Corporation Executive Car Plan, incorporated by reference to Exhibit 10-T to the Sperry Corporation Form 10-K for the fiscal year ended March 31, 1985 (File No. 1-3908)
10(bb)	Form of Severance Agreement with Key Sperry Management Personnel, incorporated by reference to Exhibit 10 to the Sperry Corporation Form 10-Q for the quarter ended June 30, 1985 (File No. 1-3908)
10(cc)	Standard Form of Amendment to Severance Agreement offered to persons holding Sperry Severance Agreements
10(dd)	Form of Sperry Corporation Employment Agreement offered to certain persons, incorporated by reference to Exhibit D of the Joint Proxy Statement-Prospectus included in the Burroughs Corporation Registration Statement on Form S-4 (No. 33-7982)
10(ee)	Employment Agreement with Joseph J. Kroger, dated December 8, 1986
10(ff)	Agreement and Plan of Merger, dated October 23, 1986, between Sperry Corporation and Burroughs Corporation
10(gg)	Acquisition Agreement, dated as of May 27, 1986, among Burroughs Corporation, SP Acquiring Corp. and Sperry Corporation, incorporated by reference to Annex I of Joint Proxy Statement-Prospectus included in the Burroughs Corporation Registration Statement on Form S-4 (No. 33-7982)
10(hh)	Agreement of Merger and First Amendment to the Acquisition Agreement, dated as of June 26, 1986, by and among Registrant, SP Acquiring Corp., SP Merger Co. Inc. and Sperry Corporation, incorporated by reference to Annex II of the Joint Proxy Statement-Prospectus included in Burroughs Corporation Registration Statement on Form S-4 (No. 33-7982)

<u>Exhibit Number</u>	<u>Description</u>
10(ii)	Asset Purchase Agreement dated as of November 6, 1986, among Unisys Corporation, Memorex Corporation and Intertransport Beheer, B. V. and Amendment Number One thereto dated as of November 24, 1986 and Amendment Number Two thereto dated as of December 23, 1986, incorporated by reference to Exhibit 2(A) of the registrant's Report on Form 8-K, dated January 7, 1987
10(jj)	Stock Purchase Agreement, dated as of November 13, 1986, between Unisys Corporation and Honeywell Inc. and Supplemental Letter thereto dated December 30, 1986, incorporated by reference to Exhibit 2(B) of the registrant's Report on Form 8-K, dated January 7, 1987
10(kk)	Form of Loan Agreement including Note used for bridge loans to executive officers purchasing residences
10(ll)	Form of Loan Agreement including Note used for term loans to executive officers purchasing residences
10(mm)	Loan Agreement including Note, each dated December 8, 1986, between Joseph J. Kroger and the registrant
10(nn)	Loan Agreement including Note (bridge loan), each dated September 29, 1986, between Paul G. Stern and the registrant
10(oo)	Loan Agreement including Note (term loan), each dated September 29, 1986, between Paul G. Stern and the registrant
11	Computation of earnings per share
13	Annual Report to Stockholders of the registrant for the year ended December 31, 1986 (furnished for the information of the Commission and not to be deemed "filed" as part of this report)
16.	Letter regarding change in Certifying Accountant, incorporated by reference to Exhibit 16 to the registrant's report on Form 8-K, dated September 26, 1986

Exhibit
Number

Description

- | | |
|----|-----------------------------------|
| 22 | Subsidiaries of Registrant |
| 24 | Consent of Arthur Young & Company |
| 25 | Powers of Attorney |

Upon receipt of a written request, the registrant will furnish a copy of any exhibit at a cost of 25 cents for each exhibit page. Requests should be sent to the Secretary of the registrant at the address of the registrant's principal executive offices.

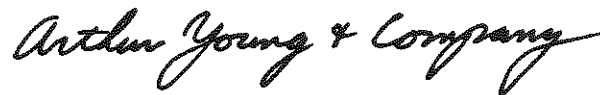
Report of Independent Accountants

To the Board of Directors of
Unisys Corporation

We have examined the accompanying consolidated balance sheet of Unisys Corporation at December 31, 1986 and the related consolidated statements of income and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. The financial statements of Burroughs Corporation (name changed to Unisys Corporation in 1986) for the years ended December 31, 1985 and 1984, were examined by other auditors whose report dated January 20, 1986, expressed an unqualified opinion on those statements.

In our opinion, the statements mentioned above present fairly the consolidated financial position of Unisys Corporation at December 31, 1986, and the

consolidated results of operations and changes in financial position for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year, except for the changes in 1986, with which we concur, in the method of capitalizing software costs and determining pension costs as described in Note 4 to the consolidated financial statements.



ARTHUR YOUNG & COMPANY

Philadelphia, Pennsylvania

January 21, 1987

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
2 Small Quantity Generator
4 Exempt
5 Beneficial Use
9 Closed

Please print/type with elite type (12 characters per inch)

This Installation's Non-Regulated Status is Expected to Apply:

II. GENERATOR'S EPA I.D. NUMBER

F M N D O O O 8 2 3 9 1 4 1

T/A C

1 2 13 14 15

☐ For 1983 Only☐ Permanently☐ OtherC303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF INSTALLATION

S p e r r y C o m p u t e r S y s t e m s S p e r r y P a r k F a c

IV. INSTALLATION MAILING ADDRESS

3 P O B o x 4 3 5 2 5 M S - U 1 N 1 4 15 16 45

Street or P.O. Box

4	S	t		P	a	u	l									M	N	5	5	1	6	4	-	0	5	2	5
15	16															41	42	47									
City or Town																State		Zip Code									

V. LOCATION OF INSTALLATION (if different than section IV above)

[illegible]

Street or Route number

6	S	t	P	a	u	l												M	N	5	5	1	2	1
15	16																	41	42	47				51
City or Town																		State		Zip Code				

VI. INSTALLATION CONTACT

Martin Roger J

Name (last and first)

6	1	2	—	4	5	6	—	4	6	5	4				
46												55			

Phone No. (area code & no.)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Roger J. Martin

Env. Mgmt Manager

Signature of Authorized Representative

Date Signed _____

E. ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G	M	N	D	0	0	0	8	2	3	9	1	4	1
1	2										13	14	15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Sperry, Shepard Road

X. FACILITY'S EPA I.D. NO.

F	M	N	D	0	0	0	8	2	3	9	2	2
16											28	

XI. FACILITY ADDRESS

2751 Shepard Road
St. Paul, MN 55116

XII. TRANSPORTATION SERVICES USED

Space Center
MNB006224836

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Acetone	0 8	U 0 0 2	3 0 8 0	P
		2 Alcohol	0 8	D 0 0 1	1 5 4 0	P
		3 Chromic Acid	0 2	D 0 0 7 D 0 0 8	3 6 4 0 0	P
		4 Circuit Boards	1 5	D 0 0 8	4 2 3 5	P
		5 Freon	1 5	U 2 2 9 F 0 0 2	4 1 2 5	P
		6 MetalHydroxide Sludge	1 5	F 0 0 1	1 1 4 4 0 0	P
		7 Oil Filters	1 5	F 0 0 6	4 4 0	P
		8 Oil	1 5	D 0 0 8	4 2 3 5	P
		9 Paint Thinner	0 8	D 0 0 1	7 7 0	P
		10 Phenol Stripper	0 2	D 0 0 2	9 9 0 0	P
		11 Solvent	0 8	D 0 0 1	4 6 2 0	P
		12 Trichoroethylene	1 3	U 2 2 8 F 0 0 1	2 2 0 0	P

XIV. COMMENTS (enter information by section number—see instructions)

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G	M	N	D	0	0	0	8	2	3	9	1	4	T/A C	1	1
1	2												13	14	15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Sperry, Shepard Road

X. FACILITY'S EPA I.D. NO.

F	M	N	D	0	0	0	8	2	3	9	2	2
16												28

XI. FACILITY ADDRESS

2751 Shepard Road
St. Paul, MN 55116

XII. TRANSPORTATION SERVICES USED

Space Center
MNB006224836

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Xylene	0 8	U 2 3 9 35 38 39 42 D 0 0 1 1 33 34 43 46 47 50 51	3 8 5	P
	2	Fixer	0 2	D 0 0 1 D 0 1 1	1 8 8 0	P
	3	Cyanide	1 8	P 0 3 0	4 5 0	P
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

ENVIRONMENTAL PROTECTION AGENCY

FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Explain your non-regulated status in the space below.

See instructions before completing this section.

This facility did not treat, store, or dispose of
regulated quantities of hazardous waste at any
time during 1983. ☐

Please print/type with elite type (12 characters per inch)

II. FACILITY EPA I.D. NUMBER

F M N D 0 0 0 8 2 3 9 1 4 1
1 2 13 14 15

T/A C

This Facility's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
☐ Other (explain
in comment section)

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF FACILITY

S p e r r y | C o m p u t e r | S y s t e m s | S p e r r y | P a r k | F a c |
30 69

IV. FACILITY MAILING ADDRESS

3 P O | B o x | 4 3 5 2 5 | M S - U 1 N 1 4 |
15 16 45

Street or P.O. Box

4 S t . | P a u l | M N 5 5 1 6 4 - 0 5 2 5
15 16 41 42 47 51

City or Town

State Zip Code

V. LOCATION OF FACILITY (if different than section IV above)

5 3 3 3 3 | P i l o t | K n o b | R o a d |
15 16 45

Street or Route number

6 S t . | P a u l | M N 5 5 1 2 1 |
15 16 41 42 47 51

City or Town

State Zip Code

VI. FACILITY CONTACT

2 M a r t i n | R o g e r | J |
15 16 45

Name (last and first)

VII. COST ESTIMATES FOR FACILITIES

6 1 2 - 4 5 6 - 4 6 5 4 |
46 55

Phone No. (area code & no.)

\$ 16 19 22 25 28 31

A. Cost Estimate for Facility Closure

B. Cost Estimate for Post Closure Monitoring
and Maintenance (disposal facilities only)

VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Roger J. Martin

Env. Mgmt. Manager

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

IX. FACILITY'S EPA I.D. NO.

T/A C

F M N D 0 0 0 8 2 3 9 1 4 1
1 2 13 14 15

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Sperry, Sperry Park

ON-SITE ☒ XX

XII. GENERATOR ADDRESS

3333 Pilot Knob Road
St. Paul, MN 55121

X. GENERATOR'S EPA I.D. NO.

G M N D 0 0 0 8 2 3 9 1 4
16 28

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 6 7 0 0 1 P AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM
S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1	Acetone	U 0 0 2 33 36 37 40 D 0 0 1 41 44 45 48 49 51 52	S 0 1	3 0 8 0	P
2	Alcohol	D 0 0 1	S 0 1	1 5 4 0	P
3	Chromic Acid	D 0 0 7 D 0 0 8	S 0 1	3 6 4 0 0	P
4	Circuit Boards	D 0 0 8	S 0 1	4 2 3 5	P
5	Freon	U 2 2 9 F 0 0 2	S 0 1	4 1 2 5	P
6	Metal Hydroxide Sludge	F 0 0 6	S 0 1	1 1 4 4 0 0	P
7	Oil Filters	D 0 0 8	S 0 1	4 4 0	P
8	Oil	D 0 0 4 D 0 0 8	S 0 1	4 2 3 5	P
9	Paint Thinner	D 0 0 1	S 0 1	7 7 0	P
10	Phenol Stripper	D 0 0 2	S 0 1	9 9 0 0	P
11	Solvent	D 0 0 1	S 0 1	4 6 2 0	P
12	Trichloroethylene	U 2 2 8 F 0 0 1	S 0 1	2 2 0 0	P

XV. COMMENTS (enter information by section number—see instructions)

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

IX. FACILITY'S EPA I.D. NO.

T/A C

F M N D 0 0 0 8 2 3 9 1 4 1
1 2 13 14 15

X. GENERATOR'S EPA I.D. NO.

G M N D 0 0 0 8 2 3 9 1 4
16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Sperry, Sperry Park

ON-SITE ☒

XII. GENERATOR ADDRESS

3333 Pilot Knob Road
St. Paul, MN 55121

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM
S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29	32	1 Xylene	U 2 3 9 33 D 0 0 1 36 37 40 41 44 45 48 49 51 52 60 61	S 0 1	3 8 5	P
	2	Fixer	D 0 0 1 D 0 1 1	S 0 1	1 8 8 0	P
	3	Cyanide	P 0 3 0	S 0 1	4 5 0	P
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XV. COMMENTS (enter information by section number—see instructions)



SPERRY CORPORATION
COMPUTER SYSTEMS
SPERRY PARK, P.O. BOX 43525
ST. PAUL, MINNESOTA 55164-0525
TELEPHONE (612) 456-2222

February 27, 1984

United States
Environmental Protection Agency
Region V
230 South Dearborn St.
Chicago, IL 60604

Re: Biennial Report

Dear Sir:

Enclosed is the Generator and Facility Biennial Hazardous
Waste Report for 1983 for the Sperry Computer Systems
Sperry Park Facility (EPA ID No. MND000823914).

Sincerely,

SPERRY

A handwritten signature in dark ink, appearing to read "Roger J. Martin", is written over the typed name.

Roger J. Martin
Manager
Environmental Management

/lmk

